2013 ICD-10 Preparation Survey
Disconnection between ICD-10 planning and frontline staff

Most CDI specialists expect to be trained on new coding system by year’s end

By this time next year, most facilities will be in the throes of preparation for the transition to ICD-10-CM/PCS. Some liken the challenge to the hype that surrounded Y2K. For those who do not remember that much-publicized event, all the computers all over the world were essentially supposed to stop working at the start of the new millennium due to a glitch in the system. Yet, no doubt because of the behind-the-scenes efforts of countless computer gurus, the world continued on. Similarly, facilities that “turn the clock” on October 1, 2014, and enter the new millennium of ICD-10-CM/PCS will need to rely on the efforts of CDI and coding professionals.

For those who have not started preparations yet, the most important thing to remember is “don’t panic,” says Rebecca “Ali” Williams, RN, BSN, CCDS, senior CDI consultant at United Audit Systems, Inc., in Cincinnati. “Just focus. Go ahead and code some records in ICD-10-CM/PCS and get a feel for it, see what’s different. Over time, with repeated use, coders and CDI staff will begin to feel more comfortable. Over time, it will become second nature,” Williams says.

Preparations in uncertain times

According to the results of the ACDIS 2013 ICD-10 Preparation Survey, 56% of respondents indicated their facilities had performed a formal assessment of their ICD-10 readiness (see Figure 1).

Considering the back-and-forth debate that took place in late 2011 and early 2012 regarding a possible implementation delay, “that’s pretty good,” says ACDIS advisory board member Susan Belley, M.Ed., RHIA, CPHQ, project manager at 3M HIS Consulting Services in Atlanta.

At the time, various groups expressed concerns about the ICD-10 compliance date, which was initially set for 2013. In fact, the AMA’s House of Delegates passed policy opposing the implementation in November 2011. In February 2012, CMS indicated a delay was possible (but not assured). Many facilities slowed or even stopped their ICD-10 implementation efforts due to the lack of clarity.

“Money is tight everywhere,” says Williams. “That kind of uncertainty can really have an effect on budgets and planning.”

CMS published a proposed rule to delay implementation by a year that April and on August 24, 2012, released the new ICD-10 implementation date, sparking renewed emphasis on preparation efforts.

At Williams’ previous facility, the ICD-10-CM/PCS steering committee took a six-month hiatus and temporarily held down educational expenses following the initial delay proposal. Survey respondents also experienced training set-

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More online

View additional survey results and read more respondents’ comments online at http://tinyurl.com/jwkr74j.
has continued its push to leapfrog ICD-10 and proceed directly to ICD-11, only relenting slightly in June 2013, according to a report from its board of trustees (http://tinyurl.com/l2tq5hs).

**Staffing concerns**

Of those who have begun reviewing their ICD-10 readiness, financial impact (70%), vendor readiness (71%), documentation needs (69%), and coder/CDI anatomy and physiology knowledge (68%) were most frequently assessed (see Figure 2). “Everyone is interested in knowing what the financial impact of ICD-10 implementation will be,” says Belley. “That should be the place everyone starts.”

Other items ranked lower on the assessment scale. Determining staffing levels for coders and CDI specialists ranked 64% and 57%, respectively. Later in the survey, most indicated they do not plan on hiring to meet the challenge of ICD-10 implementation; 48% said no additional coding staff is planned, and 66% said no additional CDI staff is needed. “Our CDI specialists have had some training,” said one respondent, “but that was put on hold due to the delay.”

“We have started [implementation efforts] twice already only to have it stopped,” wrote another respondent. “The first time was due to a software implementation that was eventually abandoned and then due to the CMS delay.”

“Now people are getting on board” and beginning to take the implementation date seriously, says ACDIS advisory board member Fran Jurcak, RN, MSN, CCDS, senior director at HuronHealthcare in Chicago.

In April 2013, U.S. Rep. Ted Poe (R-Texas) introduced a bill called the Cutting Costly Codes Act of 2013, aimed at “prohibiting the replacement of ICD-9 with ICD-10.” More than 10 corporations and associations, from AHIMA to 3M, wrote in condemnation of the proposal. Most CDI specialists (62% according to a separate ACDIS poll) believe the implementation date will not change further. The AMA, however,
planned (see Figure 3).

Following implementation of ICD-10 in Canada, productivity dramatically decreased across all patient types, said Cindy Grant, CHIM, the ICD-10 practice leader at TELUS Health Solutions in Ontario. “There was some regaining of productivity over time, but it never truly rebounded to pre-ICD-10 levels,” she said during a 2012 audio conference.

Facilities need to understand that this reduction in productivity will affect the entire revenue cycle. “Hospitals’ accounts receivable is going to shoot through the roof,” says Jurcak. “Is there just going to be a knee-jerk reaction at the time of implementation when everyone realizes they need more staff? And then when they do, there won’t be anyone qualified left to fill those positions.”

ICD-10 awareness and support

Although more than 95% of survey respondents indicate that upper management is aware of ICD-10, the level of their engagement runs the gamut, with only 18% reportedly fully engaged and participating in planning efforts. The majority (40%) have begun “some” efforts to prepare (see Figure 4).

“Upper administration is extremely slow to commit dollars for additional tools and training needed for the transition process,” wrote one respondent.

“Our biggest challenge at this time is getting administration to recognize and budget for the transition so we can move forward,” wrote another. “Once the dollars are known it will be easier to move forward and plan.”

Another respondent wrote that they had no budget in place, but after several consulting firms presented to hospital leadership, the “financial impact” of the transition “has finally been realized.”

Planning disconnect

If upper management is not fully engaged in ICD-10-CM/PCS efforts at this point, Belley wonders who is managing the implementation project.

“If there is a disconnect between the HIM director and the management, then the urgency must be relayed,” she says.

Comments from the survey bear out Belley’s observation.

“We seem to be at a stalemate [with ICD-10 planning],” wrote one individual, “and we, the CDI specialists, are uninformed about the progress.”

Another respondent wrote that their biggest challenge is “getting corporate to communicate clearly with the frontline staff, i.e., coders and CDI staff.”

A number of survey results reflect this divide. For exam-
ple, 61% indicated they have an ICD-10 implementation committee in place (see Figure 5), yet only 39% indicated that their CDI manager/director is a “key leader” in implementation efforts, and only 55% indicated that their facility HIM manager plays such a role (see Figure 6).

Of those who indicated their facilities did not have an implementation committee in place, the majority (57.9%) did not know when one would be put in place.

“What have they been doing?” asks Belley in reference to facilities with neither plan nor committee. “For those that do not know [about how plans are progressing], either nothing is happening or management is not communicating. The staff in CDI and coding departments needs to be kept in the loop to help allay fears. According to this survey, there are a lot of people who don’t know what’s going on.”

Regarding who serves on the implementation committee, 26.8% of respondents named CDI staff, 52.1% named their CDI manager, and 77.5% have the HIM director involved (see Figure 7).

“HIM and CDI involvement with the ICD-10 planning team should be neck and neck,” says Belley, who added that all facilities should have CDI and HIM staff participation in ICD-10 efforts.

The “unknown” aspects of the survey trouble Williams. “They say they are doing something to prepare, but they aren’t sure what,” she says. “The survey really illustrates that the trickle-down of information regarding ICD-10 preparation isn’t happening at facilities at this point. That will have to change, and hopefully by summer and fall it will change.”

Other initiatives such as electronic medical records (EMR) and computer-assisted coding (CAC), as well as meaningful use and value-based purchasing, may have taken priority over ICD-10, says Williams. And to some extent that’s fine; after all, EMR and CAC are expected to help systems better adapt to ICD-10. According to the survey, however, only 19% already use CAC, and less than 1% use a natural language processing system. “But for those who put ICD-10 on the back burner [for other concerns] and still do not have the resources to focus on ICD-10, it could become a big problem,” Williams says.

**Training staff**

Slightly more than 50% of respondents indicated they have already started ICD-10 training; another 20% said they expected to begin in the first part of 2013, and 20% expect training to commence in the second part of 2013.
Figure 6: How would you describe your director’s role in ICD-10 implementation?

- A key leader within the implementation team
- A member of the implementation team
- A minor player in the overall implementation of ICD-10
- Not involved

Figure 7: Who serves on your steering/implementation committee? Check all that apply.

- Physician advisor
- Member of the medical staff
- HIM director/manager/supervisor
- Hospital coding manager/supervisor
- Professional coding manager/supervisor
- Coding staff
- CDI director/manager/supervisor
- CDI staff
- Compliance officer
- Executive-level administration
- IT director/manager/supervisor
- IT staff
- Billing director/manager/supervisor
- Other (please specify)
A little math illustrates that more than 70% should now be well into their training efforts, with nearly 90% educated by year’s end (see Figure 8).

When asked specifically about training physicians and other providers, however, the majority (28.5%) indicated they didn’t plan to start training until the second half of 2013 (see Figure 9).

Meanwhile, 74.8% of respondents indicated they expected physician documentation to require the most training, far outdistancing the second most troublesome topic—root operations—at 44.8% (see Figure 10). (Incidentally, nearly 70% of respondents expect CDI specialists will review operative reports under ICD-10.) Perhaps not surprisingly (since the majority of those answering the survey are CDI specialists), 55.9% indicated they were most concerned about the inadequacy of physician documentation in relation to ICD-10 implementation (see Figure 11).

Half of respondents indicated that CDI specialists would bear the primary responsibility for training physicians via ongoing queries and educational efforts (see Figure 12). Most (78.3%) indicated they expect an increased need for physician queries. Finally, 45% indicated they expect a 25% increase in query volume, followed by 36% who suspect that query volume might increase by 50% (see Figures 13 and 14).

### Adapting queries for ICD-10

Williams’ previous employer had no plans to train physicians about ICD-10 at all. “They never planned on doing general physician training,” she says. “Physicians just want to know what they need to do.” Instead, the CDI program targeted top DRGs, investigated documentation differences, adapted its queries, and simply started incorporating ICD-10 needs into its daily activities. Additionally, the program hired a retired physician who is also a coder to examine records post-discharge for ICD-10 documentation improvement opportunities, and to work with the CDI team to address those concerns.

Jurcak believes the time to start incorporating ICD-10 information into the query process is now; furthermore, the process need not be onerous. “Just pick a random selection of charts and look at it from the ICD-10 perspective,” she suggests. “Have the coders code it independently, and then bring everyone together to discuss how each person arrived at the code and talk about the additional specificity required.”

For Jurcak, this represents the crux of the implementa-
Figure 11: What area are you most concerned about in relation to ICD-10 implementation?

- Information technology (IT) and software limitations: 12.6%
- Physician documentation: 55.9%
- Coder training: 6.3%
- CDI training: 17.5%
- Budget: 2.8%
- Other (please specify): 4.9%

Figure 10: Which aspects of ICD-10 do you anticipate will require the most training? Check all that apply.

- Root operations
- Anatomy and physiology terminology
- Physician documentation
- General diagnosis coding
- General procedure coding
- Other (please specify)

“...the increased specificity and knowing how one arrives at a given code...”

“The whole point of CDI efforts is to get the right language into the record to paint the most accurate picture of the care that was provided to the patient,” she says. “That’s not going to change with ICD-10; it just becomes ever more important due to the additional specificity of the language and the code set. Preparation for ICD-10 merely requires paying attention to current practices and looking to improve them.”

For example, Jurcak recommends looking at the retrospective queries your facility submits and concurrently analyzing why those queries were missed. Performing this analysis now will save time and energy later on, as coders will likely not have the capacity to continue the retrospective query process once ICD-10 arrives, she says.

“There may be ways to improve current practices so the entire team is more proficient and effective,” Jurcak notes. “That effectiveness will help streamline the entire process before additional documentation and coding needs come into play.”
Figure 12: If you do plan to train physicians about documentation and coding changes related to ICD-10 implementation, who will be responsible for that training? Check all that apply.

- HIM director/manager
- CDI director/manager
- CDI specialists during ongoing query interaction/educational efforts
- Physician advisor(s)
- Medical staff leadership
- Still undetermined
- Other (please specify)

Figure 13: Do you anticipate ICD-10 will affect your CDI department’s query volume?

- Yes, we expect to generate a greater number of queries: 78.3%
- Yes, we have already begun generating queries related to ICD-10 specificity: 15.4%
- No: 2.1%
- Other (please specify): 4.2%

Figure 14: If you expect an increase in queries, please indicate your expected increase.

- 50% increase: 36.2%
- 5% increase or less: 1.5%
- 15% increase: 14.2%
- 25% increase: 45.7%
- 10% increase: 2.4%