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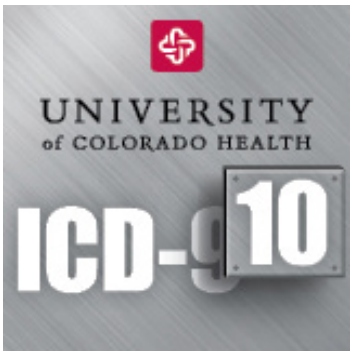
Third Time a Charm? UCHealth Prepares Again for ICD-10

By Tyler Smith

Like a film long in production that finally approaches a release date, the much-anticipated debut of ICD-10 once again looms on the horizon.



The glitz and drama of a Hollywood release otherwise has little in common with a system for classifying and coding the diagnoses and procedures for treating disease and injury. But for many hospitals, physicians, and other health care providers, the on-again, off-again process of converting from the ninth revision of the ICD (International Statistical Classification of Diseases and Related Health Problems) to the 10th probably has seemed like a medical industry version of "Waiting for Godot."

The wait appears to be coming to an end. Barring a last-minute delay, the Centers for Medicare and Medicaid Services has mandated that ICD-10 will replace ICD-9 starting Oct. 1, the start of the new federal fiscal year. The most apparent change: tens of thousands of new codes aimed at increasing the specificity of clinical documentation and sharpening the picture of the clinical care hospitals and physicians provide.

As simple examples, a diagnosis of a broken wrist will require the provider to document which wrist and whether the break is open or closed. A diagnosis of heart failure requires specifying the underlying cause of the condition.

The switch to ICD-10 has been delayed twice, in 2013 and 2014, ostensibly to give small health care facilities time to prepare, but also because the transition faced opposition from powerful organizations like the American Medical Association (AMA), which argued, among other objections, that the change was unnecessarily expensive, wouldn't improve the patient care physicians deliver, and would take away resources they would otherwise put into health care-delivery reforms and information technology.

UCHealth on the clock. Throughout the debate – which continues – University of Colorado Health and University Physicians, Inc. (UPI) have prepared for the changeover, pouring resources into training for coders, documentation specialists, and physicians, as well as upgrades to the Epic electronic health record.

As part of the collaboration, UPI developed online training materials and shared them with UCHealth, according to Agnes Tatarka, UCHealth's ICD-10 project manager. The two organizations co-presented ICD-10 information at department meetings, she added, with UPI covering top diagnoses and UCHealth focusing on new Epic tools. In addition, UPI participated on the ICD-10 Executive Steering Committee, ensuring that physicians had adequate input and oversight of the project.

Chief among the aids for physicians is a new problems list calculator for both inpatient and ambulatory, and an improved diagnosis calculator to assist with details such as left or right wrist break and the type of break. These improvements are slated to roll out Sept. 1, Tatarka said.

While CMS says ICD-10 will become the "official code set" Oct. 1, the agency has made the first year "flexible." That means CMS will not deny providers' claims that are incorrectly coded, so long as the codes come from the right "family" of ICD-10 codes. That move softened AMA opposition to the transition to ICD-10.

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At UCHealth, the move to ICD-10 has the support of the chief medical officers in each region and other physician leaders. They are working with their physician colleagues to minimize disruptions to their workflows and patient care.

Physicians helping physicians. At University of Colorado Hospital, Chief Medical Officer Jean Kutner, MD, MSPH, is part of a physician leadership group that includes Chief Medical Information Officer CT Lin, MD; Vice President of Clinical Affairs Greg Stiegmann, MD; Senior Medical Director of Perioperative Services Jose Melendez, MD; UPI Associate Medical Director Christina Finlayson, MD; and several others who are both administrators and practicing clinicians.

"I think that having physician leaders who also wear clinical hats is helping with the rollout," said Kutner, an internist and palliative care specialist. When she tests the diagnosis calculator, for example, she gauges its functionality from a real-world perspective. In turn, IT can use that input to iron out bugs and make modifications.

"It helps to be able to ask the right questions," Kutner said. "That helps with the teaching piece of it for physicians."

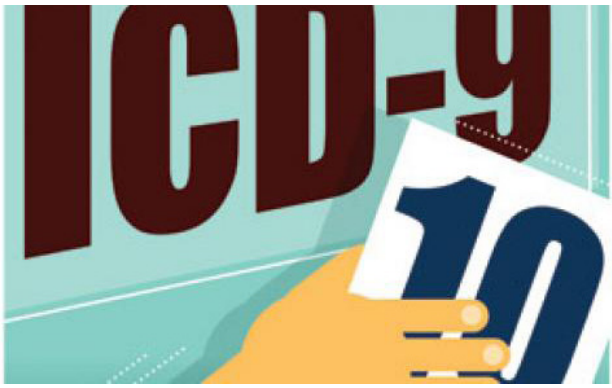
At UCH, additional support for the changeover comes from Debra Anoff, MD, a member of the Hospital Medicine Group, who recently began as physician advisor, a newly created position. Helping physicians make the adjustment to ICD-10 is just one item on Anoff's long list of duties in her new role, but she said she's invested time in meeting with coders from both UCH and University Physicians, Inc., who are responsible for the codes that affect hospital and physician billing, respectively.

A helping hand. Anoff said she hopes to get "education on the ground" by meeting with groups "highly affected" by the change to ICD-10, such as orthopedics, emergency medicine, and obstetrics. Learning each group's workflows and frequently used clinical terms and diagnoses will help her to serve as a "bridge" for physicians with questions about the new codes and using the diagnosis calculator, Anoff said. The same applies to ambulatory practices, she added.

"Meeting with providers gives them an opportunity to say what the barriers are," Anoff said. "Augmenting education in the clinics gives us an opportunity to go through clinical scenarios."

Epic resources have been in place to begin to help providers prepare for ICD-10 since April. As of September 1, however, providers will have to pick a diagnosis that includes the specificity that ICD-10 requires, Anoff said. The diagnosis calculator will serve as a tool to help them to accomplish this.

"If providers need more help, we want to give them additional resources." Anoff said. The next couple of weeks, she said, will be spent in deciding how best to address questions quickly and minimize or eliminate decreases in efficiency. One quick help, she said, are "smart phrases" that serve as shortcuts to frequently used diagnoses and complications which can be incorporated into documentation.



Two years after the original launch date, the clock is ticking down on the transition from ICD-9 to ICD-10.

More complete picture. While ICD-10 increases demands on both physicians and hospitals to document the care they provide, Anoff said the change offers benefits – and not only the ability to bill for services at higher levels.

"With more specific documentation, we have more information on the severity of illness, for example," she said. "That allows us as an institution to show that we provide high-value care to patients with complicated conditions." That, in turn, could help departments make the case for additional resources, she said.

More broadly, accurate documentation improves communication between providers, both within the hospital and in the community, she added. "We can communicate with each other better, and our discharge summaries to referring physicians and providers will arm them with more complete information about their patients," she said.

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"It's a way for physicians to get the proper credit for what they do with patients face-to-face," Kutner said. There will be a period of adjustment, but UCHealth and UPI have taken steps to minimize the pain with financial and resource support, she added.

"If this was easy, it would have been implemented in 2011," Kutner said. "We're fortunate as physicians to be in a setting where we have not had to worry about it until now."

For additional ICD-10 resources, including key dates and FAQs, visit the Hub.