



## **ICD-10 Survey Shows Dire Need for Physician Education and Medical Staff Buy-In:**

### ***Executive Report***

The ICD-10 Final Rule (CMS-0013-F), published in the Federal Register on January 16, 2009, sets out a specific date for moving to ICD-10. The rule requires all entities impacted by HIPAA to begin using ICD-10 codes for outpatient services provided, or hospital discharges that occur on October 1, 2013.

The new code sets - one for reporting diagnoses and another for reporting inpatient procedures - includes eight times as many codes as the current code set, ICD-9-CM, and moves from numeric only to alphanumeric fields with up to seven characters. And, although General Equivalence Mappings (GEMs) exist to translate ICD-9-CM codes into ICD-10-CM codes, providers will still need to be able to assign codes using native ICD-10 codes.

As evidenced by the transition in Canada, providers can expect productivity losses across all care types and according to HIMSS, productivity in Canada has yet to rebound to pre-ICD-10-levels.

However, putting off the inevitable is not an option. With hospitals and health systems increasingly evaluated – and paid – based on reported patient data and the care they receive, ICD-10 and all it has to offer becomes even more imperative. And unlike HIPAA compliance, a provider can't slowly transition to ICD-10 compliance since it immediately will impact the facility's bottom line.

#### **SURVEY GOALS AND DESIGN**

To address this ongoing challenge, J. A. Thomas & Associates developed and issued a survey to its client base in April 2011. The goal was to assess the following:

- Are hospitals and staff getting prepared for ICD-10 and to what extent?
- Where are the gaps in ICD-10 readiness?
- What do hospitals need most to close these gaps?

Hospital staff, spanning the C-suite, physicians, nurses, clinical documentation specialists, HIM, coders and IT, submitted 378 responses for this survey.

#### **KEY FINDINGS**

- When asked if they are currently taking steps towards ICD-10 transition, 78.6 percent say 'yes,' while almost a quarter say 'no.'
- The grand majority 71 percent has formed an ICD-10 Task Force, although, only half have invested in staff training.
- Getting buy-in from physicians and then training physicians is clearly the greatest challenge faced by survey respondents (74.3 percent).



- The majority (71.3 percent) say that they are going to use a mixture of in-house and external training programs for ICD-10 training.
- For those who indicated that they are currently not taking steps towards ICD-10, half indicate that other priorities are in the way and 20 percent say that it is not a priority now.
- Clearly, investing in education and training is most beneficial to those surveyed (71.8%), with more than half pointing out that they need help facilitating medical staff acceptance and endorsement of ICD-10 conversion.

## **CONCLUSIONS**

### **Physician Buy-In Lagging**

Physicians are finding it hard to see the benefit of ICD-10 to their practice and/or patient care. And, much like with MS-DRGs and the effort needed to change the way physicians document, hospitals will find it hard to convince physicians why they need to care about ICD-10 and facilitate their involvement and buy-in. Without physician cooperation and understanding, other changes in workflow or systems to accommodate ICD-10 ultimately will fail.

Hospital and health systems should make physician training and awareness a priority, sooner rather than later. Clinical team involvement and endorsement will improve ICD-10 success and boost overall staff morale, particularly with HIM, coders and CDS's who need to work in concert with clinical teams to make this transition a success.

### **Training Must Extend Beyond the Coder**

Training efforts to-date have fallen squarely on coders. However, as providers have experienced with MS-DRGs, effective clinical documentation and coding accuracy happens when coders work in concert with clinical teams – physicians and clinical documentation specialists.

Physicians, CDS's and other members of the clinical team should have a training roadmap in place that ensures they understand the scope and depth of the ICD-10 transition and how this will impact their current clinical documentation process and program.

### **ICD-10 Readiness Should Begin Today**

Hospitals should be preparing for ICD-10, implementing concrete assessment and training measures, from coders all the way to the physician. Some of the key measures include the following:

#### **Biomedical Readiness Assessment**

Effective ICD-10 training begins with accurate assessment of coders' biomedical skills.

#### **Clinical Documentation Assessment**

Evaluating clinical documentation is important and this includes translating inpatient Medicare data from ICD-9 to ICD-10 and identifying the diagnoses and procedures that require additional specificity in ICD-10 and showing which MS-DRGs are most impacted.



### ICD-10 Physician Awareness Training

This should include both a peer-to-peer general high-level overview of the impact of ICD-10 on physicians, followed by peer-to-peer physician education by specialty.

### CDS/CIS Awareness Training

Awareness training for the Clinical Documentation Specialist/Clinical Information Specialist and coders should provide a detailed understanding of the impact of ICD-10 on clinical documentation improvement.

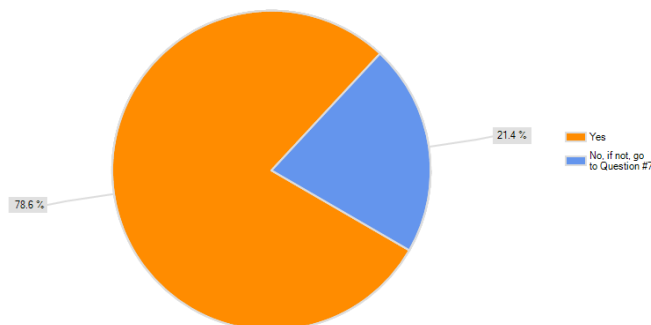
### Advanced Inpatient Coding Training

Coders may have a basic level of training on ICD-10, but an advanced course on how to tie that basic training to clinical documentation improvement is important and helps mitigate the impact of ICD-10 on productivity.

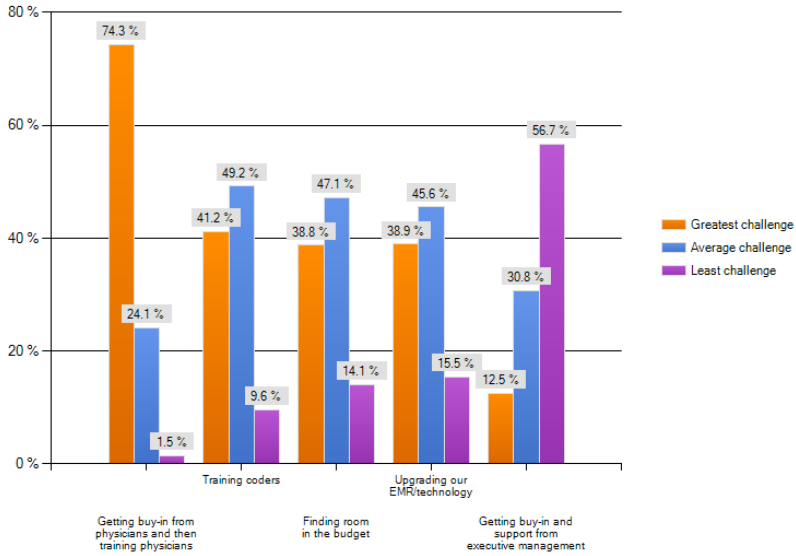
### About J.A. Thomas & Associates, Inc.

Since 1991, [J.A. Thomas & Associates](http://www.jathomas.com) has become the nationally recognized leader in healthcare compliance and documentation improvement. Our innovative Compliant Documentation Management Program<sup>®</sup> has helped more than 500 hospitals and 40,000 physicians nationwide improve CMI by an average of 4% - 8%. The firm was founded by clinical professionals who brought together clinical and business insights from doctors, nurses, coders, and administrators. The result is a program that blends clinical expertise with compliance to ensure the accuracy of clinical documentation reflecting the appropriate severity of illness. Any questions about the report, survey or ICD-10 services, please contact [icd10@jathomas.com](mailto:icd10@jathomas.com).

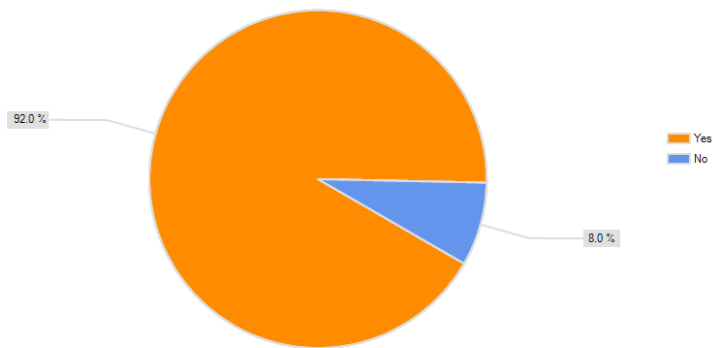
Are you currently taking steps to transition to ICD-10?



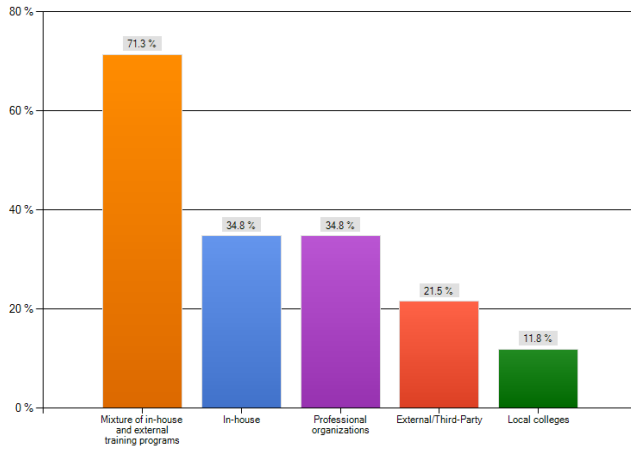
**What is your greatest challenge in the move to ICD-10? (mark 3 selections)**



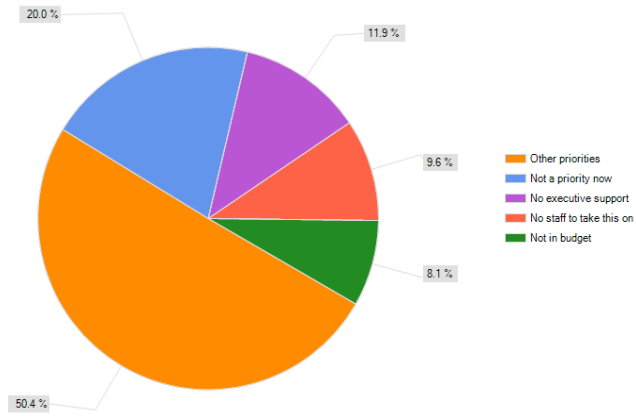
**Will you be ready for to meet the 5010 requirements necessary to submit ICD-10 codes by the January 1, 2012 deadline?**



For ICD-10 training, which resources do you plan to utilize:



Why have you not started preparing for ICD-10?



**What ICD-10 services would be most beneficial to your organization? (check all that apply)**

