



## The ICD-10 Delay – Ten Ways to Keep the Momentum

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If you've been entrenched in ICD-10 since it was first announced in Jan. 2009, do your best to maintain your health despite the vote to pass "H.R. 4302---Protecting Access to Medicare." The decision to add one fateful line in this SGR Bill generated a sigh of relief for many providers, and conversely a sigh of exasperation for those working hard to implement the biggest transformation to impact healthcare in the last 34 years.

Implementing a massive mandate like ICD-10 can drain organizations that have invested in some cases millions of dollars to be compliant. Although the new deadline resembles an attempt to "catch the wind," those who have begun earnest efforts to comply with the ICD-10 federal mandate must take heart. They must resist the temptation to stop all efforts, reallocate resources to competing priorities and shelve ICD-10 altogether until October 1, 2015. They must combat mental and physical fatigue to continue working on something that never seems to end.

Organizations currently on track to be compliant by Oct. 1, 2014 should finish project timelines. Coping mechanisms to enable a seamless transition include:

- 1) Focus on and conduct:
  - a. Thorough assessments (Have you missed any systems that need to be remediated?)
  - b. Well-planned implementations (Having the right resources could be half the battle)
  - c. Systems remediation (The release dates must be firm and not continuously extended)
  - d. Investments in multiple cycles of testing (Testing once is not enough—try to break it and test again)
- 2) Extend a helping hand to smaller provider groups within a hospital's organization to ensure that no one is left behind. After all, physician groups are the feeder mechanisms to hospitals of all sizes. Isn't it worth it for the industry to rally behind the providers? Assisting providers may even break up the monotony of implementing ICD-10 for organizations that have been internally focused vs. externally focused.
- 3) Review with your leadership team why we need to transition to ICD-10 and understand how this will impact population health. Upgrades are never easy or negligible in cost so it is important to remember the reason for ICD-10 to avoid losing one's focus.
- 4) Account for ICD-10 expenditures to date and carefully track the impact of a one-year delay to your organization. Know the cost of resources, dual coding training needs for staff, and

- maintaining ICD-9 while upgrading to ICD-10. Monitor the cost of delay to your organization in the event that CMS conducts an industry query to report to the Senate or President Obama.
- 5) Select vendors that best meet your enterprise needs and complement your enterprise culture.
  - 6) Audit coding processes to determine accuracy rates and productivity by coder, by specialty.
  - 7) Conduct internal audits of provider clinical documentations to identify documentation issues by physician, by medical specialty – ensure documentation contains the specificity required for coding.
  - 8) Audit cash flow to ensure ample financial reserves during post-Go live.
  - 9) Do not re-allocate resources. Instead support and champion internal and external testing. This is a QA process that cannot be circumvented or eliminated. Use the extra time to conduct thorough end-to-end testing with trading partners as much as possible.
  - 10) Set up dashboards to monitor your financial KPIs—first pass adjudication rates, paid, denied, pending claims, and other metrics important to your success.

Now that the government has set a new date, avoid making any sudden changes in the course of your ICD-10 preparation. If you are advanced in your preparation, you will fare well to be done rather than stopping your momentum suddenly only to have to restart again closer to the new deadline. The “start, stop, start, stop” approach is inefficient, and wastes energy and resources. Although industry motivation might begin to wane, do stay on course despite the delay, complete the implementation, and increase planned testing cycles to ensure a flawless production performance.

The healthcare industry should seriously ponder the root cause of the delays—those who are lagging behind perhaps due to lack of people and financial resources, among other reasons. Organizations in a position to extend a hand to providers as a noble gesture should do so immediately. Look around and discover the many small provider groups that may require additional assistance. After all, ICD-10 is an industry-wide initiative. Healthcare systems are directly impacted by the ability of smaller provider groups to admit patients into their facility, perform procedures, order diagnostics, labs and other essentials to patient care -- all revenue generating. It is in the best interest of the healthcare system that small physician groups are successful in ICD-10.

The healthcare industry needs to complete ICD-10 and move on to other more important initiatives affecting the health of patients. Being in limbo is dangerous to the industry’s ability to scale and solve other issues in healthcare.

Stay focused on completing ICD-10 and use the extra time wisely. By the next deadline, healthcare systems and smaller physician groups should all cross the finish line with no one left behind. Stopping your ICD-10 transition will only put us in the same predicament we’re in today for next year—behind and unable to catch up. The delay should be used to instill confidence that all systems and processes are tested and fully functional well in advance of the new ICD-10 compliance date.

### *About the Author*

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