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Haven't Started ICD-10? It May Already Be Too Late

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Rady Children's Hospital in San Diego is further along in its ICD-10 planning than a lot of other organizations. Even so, says CIO Albert Oriol, they're not yet in view of the finish line. Among the remaining challenges: training coders and physicians on the new system, assembling the right team, and ensuring they have the technology and tools they need to complete the project.

Rady, a 442-bed facility that is California's largest pediatric hospital, got started early on ICD-10, in part, because leaders there realized it was "bigger than a coding project," Oriol said during a recent ICD-10 panel at the [College of Healthcare Informatics Executives \(CHIME\) fall forum](#). It's so easy to lose focus in the face of other pressing technology projects, such as implementing electronic health records and preparing for meaningful use. It's also easy to put your head in the sand and hope that the government will delay ICD-10. "I just don't see it happening," he said.

Although he's "fairly comfortable taking risks," Oriol wasn't willing to gamble on an ICD-10 reprieve. Consider, he said, that poor ICD-10 preparation could increase your current denial rate by 1% - 3%. He asked the audience: Is that a risk you're willing to take?

There's a lot of apprehension among Rady's coders—and one has already resigned, well ahead of the October 2013 conversion deadline, said Cassi Birnbaum, Rady's director of health information and privacy officer. Conventional wisdom holds that many coders will change jobs or retire before the conversion, which will increase the number of disease and diagnosis codes from the current 15,000 to more than 150,000. Further, the new coding system is much more complicated and nuanced than ICD-9.

But it's not just coding professionals who should be worried. ICD-10 experts say [organizations that aren't prepared could face significant increases](#) in accounts receivable, rapid decreases in cash flow, high call volumes because of rejected claims, and risk of increased audits and sanctions.

And exactly how much it will cost to implement ICD-10 still largely unknown. "Pick a number, multiply it by 10, throw it at the wall, and see if it sticks," Oriol said. You can predict staffing needs, but there's no way to tell what impact errors and inefficiencies during the natural learning curve will have. "We have no idea," he said.

Success depends, in large part, on getting the right people to manage the project, the CHIME panelists said. Rady has a steering committee with organization-wide representation, for example. At SSM Healthcare, a 15-hospital system based in St. Louis, health IT and human resources are working together to prepare for training, said project manager Carole McEwan.

One decision both organizations had to make: Should the team that implements ICD-10 be the same group that's working on electronic health records? Here, the two organizations differed in their strategies.

SSM is currently implementing an EHR and many of the same people work on both projects. So the ICD-10 and EHR projects share a steering committee. It's a well-functioning team, McEwan said, so it made sense to build on what was already there.

Rady went with a separate ICD-10 group that also incorporates members of the clinical documentation improvement team. CDI is a foundation for ICD-10 preparation, Birnbaum said. You can't code what you don't document. Bad documentation on the front end pollutes the stream, she added.

McEwan estimates SSM will ultimately provide more than 100,000 hours of training for ICD-10. SSM decided to build its own training system rather than purchase one off the shelf. It will create six classes to deploy throughout the organization. Physician training is just as important as coder training. "The bottom line is documentation," said Birnbaum.

Rady tested ICD-10 using a full year's worth of ICD-9 coding data, Birnbaum said. Primary care physicians did the same, also mapping out a year's worth of clinical data on their own.

If you're aiming for the October 2013 ICD-10 implementation deadline, you're already too late, the panelists agreed. To be safe, organizations should be ready to go at least six months before that. These projects take time to "ramp up," said McEwan.

"If you're not ready by October 2013, that's an excuse for [payers] not to pay you," Birnbaum said.

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