

## Seven Tips for Creating ICD-10 Urgency

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*LESLIE: In our December 2010 Hands-on Help Column, “ICD-10-CM/PCS: What’s the Urgency?” we presented a look at the future, by imagining the first few days of October 2013 at the fictitious General Hospital. Our characters, Tiffany Plane, HIM director and Ryan Ford, the coding manager were not very happy. Though they had certainly done quite a bit of preparation for the conversion to ICD-10-CM/PCS, they still encountered numerous problems, including backlogs in code edit queues, lack of specificity in clinical documentation, interface glitches and data comparability questions. Tiffany and Ryan realized their preparations started too late for their organization to be completely ready for the Oct. 1, 2013 implementation date. The fallout from incomplete preparation had repercussions throughout the institution.*

*PATTY: We promised our readers we would share our tips for creating the urgency needed for starting ICD-10-CM/PCS preparation now in 2011. To make sure we focused on the most important tips, we tapped CARE’s ICD-10 master Kathy Johnson, RHIA, vice president of coding quality and compliance at Care Communications Inc. Here are our top 7 tips:*

*PATTY: Tip 1: Put the date, Oct. 1, 2013, in front of everyone. Print it on signs that you post everywhere throughout the facility to get people to start asking, what is that date? How does it affect me? John Kotter, the “change leadership” guru who we admire makes the point that creating urgency throughout the process of large scale change is critical. The key is to find a way to provoke an emotional response, so that everyone knows their world will change on Oct. 1, 2013. Brainstorm more ideas that will evoke an emotional response in a way that has colleagues saying -- let’s get going!*

*LESLIE: Tip 2: Complete your organization’s ICD-10 impact analysis now! Perform the analysis either on your own or get some help from a third party. Then most importantly, publicize the results anyway and every way you can. To tap into the emotional response system, be creative in how you present the results. While the facts should speak for themselves, getting people’s attention in today’s busy workplace requires creativity -- some pizzazz.*

*For example, you could use brightly color index cards or post it notes, with the name of each information system, application, and clinical or administrative department or physician group that will be affected. Post them in a place where the decision makers gather. Tape them to the walls of the Board conference room or another frequently used meeting place. You want to give people in leadership positions a sense of the widespread nature of this change. Or, better yet, use photographs. Take pictures throughout the facility of every department and of individuals who will be impacted and post the photos with captions all over the hospital so that everywhere people can see who will be impacted by the ICD-10-CM/PCS change. When will your impact analysis be completed?*

*KATHY: Tip 3: Alert all the users of coded data that they will have to relearn the meaning of codes in their databases. Clinical and financial databases and reports will need to be revised. For example, care management protocols that are based on ICD-9-CM codes will need to be updated. In quality management, staff will need to determine how they will compare data collected pre- and post ICD-10-CM/PCS. The individuals or team leading the ICD-10-CM/PCS change will need to show how the change in the data will affect clinical and administrative uses of coded data: patient care, reimbursement, case management, registries, public reporting, quality management, research, etc. No area should be skipped. For example some areas in the facility may be using lists of manual codes, such as in the admissions office. Those must be converted to ICD-10-CM/PCS as well. Should all code lists now be automated?*

*KATHY: Tip 4: Show how things will be different. Make clear the extent of change and the time commitment necessary to complete all of the technical and process changes, as well as the education needed just to learn how to make the changes. For example, take a look at superbills. Physician practices or clinics that use superbills need to start mapping and analyzing the changes from ICD-9-CM to ICD-10-CM/PCS to determine if a superbill will still be a useful tool. I have seen a superbill that is one or two pages in ICD-9-CM become nine pages with ICD-10. That won't work in a busy clinic or physician's office. The new granularity of ICD-10-CM/PCS can make paper superbills too unwieldy, so in many practices, they will need to be automated -- a time and expense that needs to be budgeted now, for work to begin in 2011.*

*LESLIE: Does this mean that the need for urgency is not just at the CIO/CFO level, but also for groups throughout the organization?*

*KATHY: Yes, but it is the senior leadership that must have urgency, because they must start allocating sufficient funding. To be ready by Oct. 1, 2013 they will need to make facility-wide ICD-10-CM/PCS action plans a funded priority. The time between now and Oct. 1, 2013 will go by very quickly.*

*PATTY: Tip5: Demonstrate the strategic advantage of a smooth transition to ICD-10-CM/PCS to senior leadership. Senior leadership needs to see the full extent of the change on operations, but they also must begin to imagine how to best leverage the benefits of having much richer clinical data resources for planning, marketing and growing their organizations.*

*LESLIE: Tip 6: Ring the alarm that the ICD-10-CM/PCS must be integrated into other information technology projects being implemented right now. Many EHR or billing applications such as computer physician order entry (CPOE), or new claims scrubbers to name just two common ones, will also need to be ready for ICD-10-CM/PCS in 2013.*

*KATHY: Tip 7: Educate, educate, educate! The need for education throughout the organization is crucial. Other than in the HIM department, coding is not top of mind for most departments. Customized presentations for everyone from senior leaders to department directors, managers, administrative staff, coders and clinicians should be undertaken as soon as possible. Most people have likely heard of ICD-10 by now, but many haven't a clue as to how it will change how they do their work. They must be shown both the benefits of this transition and exactly what their role will be in making it successful.*

*LESLIE: These are our seven tips for creating urgency for ICD-10-CM/PCS preparedness. We believe if the fictitious General Hospital had implemented these seven tips they would have had a less turbulent time in the days following the initial conversion to the new classification system. We will talk more about General Hospital and some final words on ICD-10 next month. In the mean time, we wish our readers success in creating urgency in their organization.*

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