Success with ICD-10: Streamlining Clinical Workflow

November 8, 2013
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She also is a member and participant of several professional organizations, including AHIMA, AAPC, HIMSS, HBMA, EWHC, and IRHA. Angela is on the Board of Directors as ICD-10 Task Force co-chair for IHIMA.
SUCCES WITH ICD-10
STREAMLINING CLINICAL WORKFLOW

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Agenda

During this webinar presentation, learn how you can modify your clinical workflow and achieve ICD-10 success by streamlining processes:

- Physician documentation process
- Clinical data reporting
- Pre-registration
- Coding, CDI and billing workflow
- Claims adjudication & resubmission process
Although streamline comes from physics, it is commonly used in business settings to refer to processes that smooth or improve operations by making them more modern or more efficient.

Some of these modern aspects of healthcare show up in the advances that have been made, such as:

- Information technology (EHR’s, CAC software, etc.)
- Clinical knowledge
- Patient engagement through PHR and patient portals
- Collaboration in an interdisciplinary environment
- Better quality care and delivery
- Move towards standardization
Champion Efforts to “Bridge the Gaps”

- Organizations can streamline their operations to eliminate waste by:
  - Assessing the impact of ICD-10 on clinical workflows
  - Assessing the risk involved
  - Forming strategic alliances
  - Incorporating strategic outsourcing
## Areas Impacted by ICD-10

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<th>Patient Access</th>
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<th>Financial Services</th>
<th>Information Systems</th>
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<td>• Coding</td>
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Clinical Impact of ICD-10

- Need to capture more detailed information at the point of care.
- It is critical that the clinical documentation support the specificity in ICD-10-CM.
- Providers will be tasked with providing more precise documentation (i.e., laterality, specificity, anatomic sites, etc.) rather than more volume.
- EHR templates and prompts can facilitate the proper capture of the specific data requirements for ICD-10-CM.
- According to AHIMA, many organizations are considering the inclusion of the following elements in their EHR templates:
  - laterality
  - devices
  - episode of care
  - trimester
  - root procedure
Streamlining Physician Workflow

- Involve a physician advocate/champion willing to bridge the gap between the coders and the providers in order to meet clinical documentation requirements for ICD-10-CM.

- Focus on your healthcare system’s top 20-30 inpatient and outpatient diagnoses.

- Remember the 80/20 Rule: “80% of your revenue comes from 20% of your diagnoses.”

- Focus on both inpatient and outpatient current documentation deficiencies and work on those areas first.

- Develop a database of the necessary documentation requirements for each diagnosis and procedure identified.

- Focus physician education and training on their own documentation deficiencies.
Steps in Beginning the Impact Assessment Process

1. Run a utilization report that pulls your most frequently used diagnosis codes
2. Run a separate report that can pull patients with those diagnosis codes
3. Use this list to randomly pull charts to begin your documentation audit
4. Utilize the GEMS files to begin mapping your current ICD-9-CM code to an ICD-10-CM code selection. Make sure you validate the codes in the ICD-10 code book(s)
5. Compare your documentation with the code to see if you have documented enough to assign a potential code; if not, begin to work on the documentation aspects moving forward
6. Each quarter revisit this process to make sure you continue to document with the specificity required.
Streamlining Physician Workflow

- Focus on the data quality, information integrity and good documentation practices.

- Utilize best practices when using the EHRs to ensure quality data is shared.

- Evaluate the volume of physician queries initiated monthly.

- Determine the “vital” documentation opportunities and begin providing focused education and training.
Streamlining Physician Workflow

- Prior to ICD-10 implementation, healthcare organizations will benefit from creating templates and reviewing and updating existing templates to facilitate compliance with new documentation requirements.

- Reviewing and updating existing physician queries is another effective clinical documentation initiative.

- Custom template design will afford an organization or physician practice the ability to modify the EHR to better fit their unique workflow needs.
Benefits of Template Usage

- Easy, standardized organization of clinical data
- Single page views of patient data for quick reference
- Ability to quickly manage an entire patient population
- Time savings vs. having to browse through multiple patient files/pages
- Increased percentage of chart completion
- Standardized data capture, which helps to ensure accurate coding
- More complete data fields which can lead to fewer under-billed appointments
Streamline Clinical Data Reporting

- Develop a team of individuals to govern the clinical documentation integrity

- Identify your organizations clinical reporting needs (research, financial, coding, etc.)

- Using General Equivalence Mappings (GEM’s), map the ICD-9-CM top diagnoses to the most accurate ICD-10-CM code.

- Focus on those 20% of diagnoses and procedures that represent 80% of your revenue

- Utilizing the GEM’s mappings get a clear look at the baseline of your organization
Mappings between ICD-9-CM AND ICD-10-CM classification systems have been developed to facilitate the transition from one code set to another.

General Equivalency Mappings (GEMs) have been released by National Center for Health Statistics (NCHS).

There are two GEM files available allowing for bidirectional mappings:
- Forward mapping (ICD-9 to ICD-10)
- Backward mapping (ICD-10 to ICD-9)

The GEMs along with documentation and user’s guide, are available on the NCHS website: [http://www.cdc.gov/nchs/icd/icd-10cm.htm](http://www.cdc.gov/nchs/icd/icd-10cm.htm) and the CMS website: [http://www.cms.hhs.gov/icd10](http://www.cms.hhs.gov/icd10).
Appropriate uses of the GEMs:
- Convert multiple databases from ICD-9-CM and ICD-10-CM.
- Variety of research applications involving trend data.

Inappropriate uses of the GEMs:
- Crosswalks – There is not a one-to-one match between ICD-9-CM and ICD-10-CM codes, for a multiple of reasons:
  - new concepts in ICD-10-CM (e.g. underdosing, time frame changes, etc.)
  - A single ICD-9-CM code may map to multiple ICD-10-CM codes due to added specificity (e.g. laterality, anatomic site, episode of care, etc.)
The impact analysis

-The goal of the Impact Analysis is to determine which areas and systems will require changes and exactly where the gaps exist.

-Information relevant to each department must be obtained in order to understand needs.

-Once the analysis is complete in all departments, workflow needs MUST be analyzed and addressed.
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<thead>
<tr>
<th>Processes</th>
<th>Detail</th>
<th>Definition</th>
<th>ICD-10 Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient intake</td>
<td>➢ Scheduling</td>
<td>Process of registering new or existing patients, including scheduling, registration, and the health history</td>
<td>➢ Update patient registration processes to accommodate ICD-10 codes</td>
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<tr>
<td></td>
<td>➢ Referrals</td>
<td></td>
<td>➢ Update decision support system business rule to capture ICD-10 codes</td>
</tr>
<tr>
<td></td>
<td>➢ New patients</td>
<td></td>
<td>➢ Capture clinical documentation requirements to support ICD-10 codes</td>
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<tr>
<td></td>
<td>➢ Established patients</td>
<td></td>
<td>➢ Update existing business policies to determine coverage (deductible, co-payments)</td>
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<td></td>
<td>➢ Eligibility</td>
<td></td>
<td>➢ Update business policies to determine patient eligibility for dual eligibility and COB</td>
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Streamline (Pre-) Registration Workflow

- Determine which pre/registration systems, if any, will be impacted by ICD-10

- Work with vendors to upgrade those systems or determine additional tools for the individuals who perform pre-authorization for your Institution that would be needed

- Ensure your Clinical Trials registration tracking process is maintained, if applicable
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</table>
| Admissions | ➢ Patient intake and registration  
➢ Insurance and eligibility updates  
➢ Determining power of attorney | The process of patient intake into the patient care system. | ➢ Identify patient’s health state upon admission—admitting diagnosis  
➢ Identify present on admission and pre-existing conditions upon admission  
➢ Identify reasons for admission using ICD-10 codes  
➢ Encounter transactions  
➢ Identify planned inpatient procedures |
| Clinical | ➢ Patient history and treatment services | Assessment and patient care delivery. | ➢ Update data input to accommodate ICD-10  
➢ Update clinical documentation interfaces and templates to support ICD-10 documentation  
➢ Re-evaluate potential documentation and logic changes  
➢ Clinical protocols  
➢ Nursing care plans  
➢ Orders  
➢ Order interface transactions |
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<tr>
<td>Medical Records</td>
<td>➢ Clinical documentation</td>
<td>Business area responsible for all health information and to insure</td>
<td>➢ Update medical record systems used by physicians, including forms, tools, templates, interfaces, and</td>
</tr>
<tr>
<td></td>
<td>➢ Templates and forms</td>
<td>accuracy and completeness</td>
<td>decision supports</td>
</tr>
<tr>
<td></td>
<td>➢ Electronic health records</td>
<td></td>
<td>➢ Train staff and physicians on clinical documentation requirements for ICD-10 preparation</td>
</tr>
<tr>
<td></td>
<td>➢ Encoder/grouper tools</td>
<td></td>
<td>➢ Expect productivity to be affected following ICD-10 implementation</td>
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<tr>
<td>Medical Staff</td>
<td>➢ Hospital based</td>
<td>Administrative tasks concerning hospital based physicians and external</td>
<td>➢ Possible impact on procedure specific credentialing and privileges</td>
</tr>
<tr>
<td></td>
<td>➢ Medical director</td>
<td>medical staff.</td>
<td>➢ Medical staff may have difficulty with documentation requirements and increased physician queries</td>
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<tr>
<td></td>
<td>➢ External medical staff</td>
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<td></td>
<td>➢ Physician credentialing</td>
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<td></td>
<td>➢ Physician recruitment</td>
<td></td>
<td></td>
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<td></td>
<td>➢ Assignment of privileges</td>
<td></td>
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<tr>
<td>Business Area and Impact</td>
<td>Functional Area</td>
<td>Risk Level</td>
<td>Risk/Action</td>
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| **Information Systems**  | ▶ Core health information systems  
▶ Electronic Health Record  
▶ Billing  
▶ Clinical  
▶ Coding  
▶ Vendor Management | Very High | **Risk:** Limited access to patient data and test results and scheduling.  
**Action:** Update systems to support patient flow processes and background operations and execute comprehensive testing. |
| **Finance/Revenue Cycle** | ▶ Admissions and registration  
▶ Scheduling  
▶ Contracting  
▶ Billing A/R days | Very High | **Risk:** Increase A/R days, claim denials, and deferred or lost revenue.  
**Action:** Create mitigation plans to addressing billing delays, denials, coding error rates, documentation issues. |
| **Medical Records/HIM**   | ▶ Coding  
▶ Physician chart completion | Very High | **Risk:** Increased coding turnaround time, productivity loss after initial ICD-10 implementation.  
**Action:** Develop response to new information demands, continued education and training on code sets. |
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<th>Functional Area</th>
<th>Risk Level</th>
<th>Risk/Action</th>
</tr>
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<tbody>
<tr>
<td>Clinical</td>
<td>- Physician orders/clinical documentation&lt;br&gt;- Results reporting&lt;br&gt;- Nursing care</td>
<td>Very High</td>
<td><strong>Risk:</strong> Clinicians may experience difficulty in providing more detailed documentation to support coding for increased ICD-10 data analysis, leading to need for more queries.&lt;br&gt;- Terminology changes will significantly affect coder interpretation of clinical record and could be confusing to clinicians.&lt;br&gt;&lt;br&gt;<strong>Action:</strong> Proactive education of value of enhanced definitive terminology in ICD-10 particularly PCS.&lt;br&gt;- Develop an implementation strategy that includes collaboration between coders and clinicians.</td>
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Streamline Coding Workflow (IP, OP)

- Determine the potential and needs for dual coding, double coding or cross-walking from ICD-9-CM to ICD-10-CM.

- Determine the outpatient coding structure, and decide if any modifications are required (charge tickets, physician coding, system coding, etc.)

- Determine the inpatient and outpatient coding structure, to ensure there is sufficient resources during and after the implementation process

- Determine if it will be necessary to hire contract coders during the implementation process

- Determine the benefits of computer-assisted coding
Streamline CDI Workflow

- Assess your current physician query process
- Ensure current standard queries will be appropriate for ICD-10
- Re-write or develop new queries for the additional specificity requirements in ICD-10
- Develop or purchase a better query tracking system
- Determine the benefits of computer-assisted coding in regards to your CDI team
Streamline Billing Workflow

- Determine if the current billing systems will support ICD-10
- Determine if there are differences between your inpatient and outpatient billing systems
Streamline Claims Adjudication Process & Resubmission

- Determine whether your healthcare system’s claims submission software is easily able to submit either ICD-10 or ICD-9 codes

- Determine whether the software is able to switch from ICD-10 to ICD-9 between primary, secondary and tertiary payers
TODAY'S TAKE AWAYS

- Assess the impact on physician workflow and other clinical workflow and design strategies to address them.

- Assess the risks involved in not focusing efforts on the re-designing of these workflows.

- Work as team to carry out the action plan, creating these new workflow designs.

- Incorporate strategic outsourcing, making use of consulting subject matter experts.
RESOURCES USED FOR THIS PRESENTATION

http://www.ahacentraloffice.org/
http://www.cdc.gov/nchs/icd/icd-10cm.htm
http://www.cms.hhs.gov/icd10


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