

The ICD-10 delay: Don't squander the chance to get strategic

By Becky Quammen

A collective sigh of relief could be heard around the healthcare industry when Congress recently voted to extend the deadline for the transition from ICD-9 to ICD-10 from Oct. 1, 2014, to Oct. 1, 2015. However, leaders will be making a big mistake if they collectively decide to put their feet up and relax for any extended period of time. We all know how quickly these deadlines can creep up on us – as this most recent delay represents the third time that the transition to ICD-10 (a coding system that has been widely adopted by other countries) has been put off.

Instead of relaxing, leaders need to get busy now. Fortunately, they can do so with a renewed sense of strategic purpose. Instead of merely checking things off a long to-do list, leaders now can turn the transition to ICD-10 into an opportunity to create a clinically driven revenue cycle, instead of a cumbersome chore that needs to get done to avoid government penalties.

Here's how: With the one-year extension in place, healthcare leaders should turn their immediate attention to implementing 2014 Edition software in an effort to meet Meaningful Use requirements. To qualify for incentives under the Stage 2 requirements, eligible professionals must meet 17 core objectives and three menu objectives that they select from a total list of six (or a total of 20 core objectives), while eligible hospitals must meet 16 core objectives and three menu objectives that they select from a total list of six (or a total of 19 core objectives).

With the ICD-10 burden delayed, though, it will be much easier to get into the Meaningful Use zone, so to speak. Vendors now have more time to get clinical systems up to speed and tested, and provider organizations have more time to implement these systems – while also training users to fully leverage the more advanced functionality.

The good news is that when organizational leaders turn their attention back to the transition to ICD-10, the transformation will make more sense – as the clinical systems will be ready to welcome the more complex coding. As a result, instead of merely working to meet some random administrative burden being imposed by the government, this transition to a more complex coding system can come to fruition as it was intended – as a vital component in the quest toward creating a healthcare system that emphasizes improved care at reduced costs.

ICD-10, with its greater complexity and granularity, will enable organizations to apply codes more precisely to their clinical actions, making it possible to link payment to care more accurately. With advanced EHRs in place, organizations will be able to integrate the new and improved coding into the care process so that it becomes a by-product of patient care – and not another administrative burden.

If handled correctly, healthcare organizations can not only meet the looming deadline but successfully move their organizations toward clinically driven revenue cycle systems. The value of all this change will become increasingly clear as organizations leverage the creation of a clinically driven revenue cycle to succeed under emerging value-based purchasing programs.



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