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5 takeaways from the House hearing on ICD-10

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Six of seven witnesses at Wednesday's "Examining ICD-10 Implementation" hearing, hosted by the House Energy and Commerce's Health Subcommittee, testified that the code set conversion should move forward on schedule, holding firm to the Oct. 1 deadline.

The meeting came on the heels of a study released Tuesday by the Professional Association of Health Care Office Management, which found that among practices with six or fewer providers the average cost of making the ICD-10 transition ranged from $4,372 to $13,541. Across all surveyed practices, average expenditures were $8,167 with per-physician costs coming in at $3,430.

Among published ICD-10 reports industry-wide, those figures are not far afield from a November 2014 study from the American Health Information Management Association, which estimated transition costs of roughly $2,000 to $6,000 for small practices.

The House subcommittee hearing touched on the PAHCOM results — but not without challenge from the lone dissenting expert witness. The discussion among panel members and lawmakers also branched out into broader areas. Here are the key takeaways from the session.

1. The transition is doable for small practices. "The road to ICD-10 was driven by our EHR vendor," said Edward Burke, MD, an internist at Beyer Medical Group, a six-provider practice serving a population of 4,080 in rural Missouri.

The practice participated in the vendor's pilot program, which included upgrading at no cost to an ICD-10-enabled version. "Our thinking was: it gives us time to play with it and learn it before it really counts," said Burke

The practice started coding in ICD-10 on Oct. 7, 2013. "We did not have special training. We did not spend any money in preparation. We did not see less patients and our practice did not suffer," he told the committee. "What we got was a normal day at the office."

Burke also credited strong team collaboration and freely available educational resources from CMS, PAHCOM and local associations.

And now that the practice uses ICD-10 as a normal part of every patient encounter, Burke believes the national transition to the code set should move forward on schedule. "ICD-10 provides clear, concise descriptions of the problem the patient is having," he said. The specifications narrow margins of error since the picture is clearer … The important thing to understand is that ICD-10 helps, not hinders, patient

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care."

2. However, some practices see ICD-10 as a threat to their livelihood. William Terry, MD, a practicing urologist from Mobile, Ala., asked the committee to weigh the advantages of ICD-10 on patient care against the consequences of poorly executed implementation.

"It is estimated that physicians should plan on a 3-4 percent increased time per patient encounter merely for documentation of the correct ICD-10 code choice. While there will be no foreseeable change for many patients, for others there could be a significant amount of time documenting and choosing codes," he testified.

Terry noted the existing pressure on physicians and office staff to comply with federally driven initiatives such as the EHR meaningful use program, PQRS reporting, the Value-Based Payment Modifier, as well as the threat of Medicare reimbursement cuts and possible audits. "And now we face a very costly, unfunded mandate in moving to ICD-10," he said.

"Many physician practices — especially the rural one- or two-physician practices — do not have the time, money or expertise to follow and comply with the mounting regulatory challenges, which is why many are considering early retirement or opting out of the Medicare program," he continued. "Given current physician workforce and staffing challenges, this is an important consideration."

Terry advocated for an incremental ICD-10 transition, to be carried out over the course of two to three years.

"I urge you to consider legislating a dual ICD-9/ICD-10 option so that physicians will have time to transition to the new coding system, especially those nearing retirement or those with a demonstrable hardship that limits their ability to adopt ICD-10 by the deadline," he said.

3. Concerns linger over CMS capabilities. On the committee side, Rep. Michael Burgess, MD, who practiced medicine in North Texas for nearly 30 years before joining Congress in 2003, isn't so sure all will go smoothly on the ICD-10 transition date.

"All roads eventually lead to the Centers for Medicare and Medicaid Services, and if you will pardon me, that appears to be a weak link in the chain," said Burgess. "Because from HealthCare.gov to the Sunshine Act reporting website, when CMS flips a switch, something breaks. It's invariable; it's happened time and again. Anytime they flip a switch that involves the processing of data, their systems fail."

He also emphasized the need for contingency plans in the event that technical problems would arise during the cutover.

"I've been told [contingencies] are not necessary, that everything is fine … until it isn't. Then we all scramble," continued Burgess. "In this case, it could mean disruptions in patient care and the ability of small practices to actively meet their fiscal obligations required to stay in business."

4. Data collection through ICD-10 could lead to better patient care. John Hughes, MD, a general internist and professor at Yale School of Medicine, conducts research on complications of care. "If we can accurately identify the factors and circumstances that account for complications, then we will be able to reduce their occurrence," he explained.

"The usefulness and reliability of this kind of research depends very much on how precisely we can identify the specifics of the complication and exactly how it was treated," according to Hughes. "Although considerable progress has been made in the past several years, complication rates remain unacceptably high. The ICD□9 coding system fails to provide the level of detail needed to expand these efforts."

He added that ICD-9 does not have the capacity to expand to provide new codes describing new treatments and technologies, such as minimally invasive surgery.

"The structure of ICD□10 allows this important information to be captured in a systematic manner, and can be readily expanded to incorporate descriptions of new discoveries and treatments when they become available," said Hughes. "Such capacity is critical to track and assess the efficacy of these new

technologies."

Sue Bowman, senior director of coding policy and compliance for AHIMA, agreed that the accumulation of data and knowledge about medical care would lead to better care for patients in the future.

But she also pointed out that there are scenarios where such data collection could help the individual patient today, such as in disease management.

"I know of some facilities that are using the better diagnosis codes in their internal disease management programs, particularly in the area of diabetes and asthma," she said. "The clinical classification asthma in ICD-10 is totally different than in ICD-9 and is much more aligned to the way people are currently managing asthma."

5. Another deadline delay is not an option. If you count administrative rulings and last year's legislative postponement of the ICD-10 deadline, it has already been pushed back three times.

Witness Rich Averill, director of public policy for 3M Health Information Systems, emphasized why further delay would be detrimental to all involved parties.

"Vendors, CMS and payers have to maintain systems. We have to be ready once the final decision is made to go fully forward with ICD-10 or continue to support ICD-9 and all the various claims adjudication and all the evaluation of quality metrics, and so on. We would have to have parallel systems. That's a tremendous cost," he explained

Additional, intangible cost — in the form of uncertainty — affects providers, Averill added. "In a time of tight expenditures, if you're not sure that the date is firm, that's causing many people to postpone doing the final preparation to be ready. If there's another delay, the industry won't believe that we'll ever move forward, and the transition will become that much more difficult if and when it ever occurs."

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