



Healthcare Colleagues,

Over the past few days, all of us received the surprising news from Centers for Medicare and Medicaid Services (CMS) Acting Administrator Marilyn Tavenner and Health and Human Services Secretary Kathleen Sebelius about the intent to revisit the timeline for transitioning from ICD-9 to ICD-10. As always, we monitor CMS, American Medical Association, and American Health Information Management Association positions carefully so that we properly advise and meet the needs of nearly 1,000 clients who rely on our management, staffing and technology solutions.

Many clients are contacting us for guidance, given the likely delay for certain health care entities from October 2013 to a later deadline. Their key question is: Should we move forward with our planned ICD-10 implementation roadmaps? Because Precyse not only supports, but actually operates, entire HIM and coding departments for some of these same hospitals, here are our recommendations:

1. **Documentation.** Increase your clinical documentation training programs for physicians and other caregivers. You should develop processes, guidance and support for improved clinical documentation, either under ICD-9 or ICD-10. Improved documentation skills—even minor changes such as more specificity in their notes—create obvious financial and non-financial rewards: fewer claims denials, reduced RAC audit exposure, improved case mix index, and improved cash flows. Most important for all of us, patient care is improved when downstream clinicians can review more complete chart notes and better data is available for analytics and comparative studies. Target high volume specialties in your organization most impacted by ICD-10 and train these specialists in proper documentation while training the coding team on accurate coding; then, move to the next specialty for training.
2. **Training and Development.** Take this time to invest in the training of your coders AND those who will use the data. Improve the basic skills of your coders in ICD-9 areas that will also be required in ICD-10. The transition to ICD-10 has pushed healthcare to appropriately invest in training our coders as skilled knowledge workers. In 2010, as part of our own ICD-10 preparations, Precyse assessed the coding skills of nearly 300 coders on our staff to evaluate their ICD-10 readiness. We found additional training needs related to anatomy, physiology, and pathopharmacology, as well as opportunities to improve their understanding of coding system logic and principles. So Precyse invested in and developed a comprehensive and multifaceted training program that can be delivered via virtual webinars and our online Precyse University, while developing individual training plans for every coder. This investment has paid off for Precyse clients handsomely, yielding a better case mix index for hospitals, improved coding compliance audit results, increased coder retention, and attracting new coder recruits who are eager to develop and perfect their skills. So we recommend that you perform side-by-side ICD-9 and ICD-10 coding, assess the documentation and coding gaps and target training based on these findings.



3. **Build a strong foundation for process improvement.** Assess the flow of your information across your organization and develop a plan to address gaps through process improvement and technology. Invest in automated systems that streamline the entire clinical documentation process. ICD-10 was never just about re-training medical coders—it was and is about having better data about patients and their treatments, affording vast opportunities for improvement in how data are captured and processed. This leads to a more complete and useful set of codes, which is crucial in a fully automated electronic medical record environment. Today, inefficient, labor-intensive workflows abound, whether involving clinical information inputs such as dictation and transcription; service approvals, coding, physician queries, and other myriad facets involved in billing for services; or abstracting and analyzing quality indicators to improve patient care. We also recognize the promise of future innovations such as automated speech recognition, Computer Assisted Coding using Natural Language Comprehension™ (NLC), and clinical decision support tools—but know that realizing their full promise tomorrow requires that we improve how current users interact with and use their systems today. Those of us in the health care information management/information technology community must use our skills to innovate for clinicians. We must develop workflow platforms and applications that allow health care providers to do their jobs more efficiently and effectively. We do not want to add more time and complexity to an already burdensome process.

At Precyse, our vision is a world in which meaningful information is available, whenever and wherever needed, and this information helps save time, money and lives. We are an innovation company that listens carefully to our clients and prospects; every day we challenge ourselves to come back to these clients with solutions that solve their business problems while improving patient care and outcomes. None of this is changed by a potential change in the ICD-10 deadline. We still pledge to our clients and future prospects that we will never stop innovating in the midst of very challenging times.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Powell".

Chris Powell
President, Precyse