

Insights to Coding and Data Quality

Transitioning people to ICD-10

by Laura Shaffer, Ph.D.

The proposed rule released by HHS (Health and Human Services) in April 2012, recommends that on October 1, 2014, all U.S. health care organizations are required by the Centers for Medicare and Medicaid Services (CMS) to transition from the current, outdated International Classification of Diseases 9th Edition (ICD-9) medical coding system, to the modern, more detailed ICD-10 system in use by most developed countries throughout the world. Complying with this new federal regulation will have impacts on people, processes, and technology throughout health care organizations, including Kaiser Permanente. This article addresses some of the critical people factors required for implementation success.

Effectively adopting ICD-10 with as little disruption as possible will depend on how well people have been prepared to make the transition. Even when all the technical and system remediations are in place, and all of the process and workflow changes have been examined, there will still be the human element to take into account. As with any change, individuals will experience some level of anxiety and uncertainty about their ability to use the new code set with the same level of skill they were able to use the 9th Edition. The readiness of individuals to work adequately with ICD-10 codes is directly connected with their overall confidence in being able to make the change.

Many factors contribute to the confidence people have in their ability to do their job, including skill, experience, management support, and even the work environment. As organizations prepare to make the change to ICD-10, careful planning and attention should be given to how the change will impact people in these areas. In addition to the training needed to sufficiently utilize the new code set, people will need reinforcement and coaching from their supervisors that lets them know they are moving in the right direction. More importantly, people's confidence will increase the more they are part of helping implement the change.

There are several ways to do this:

- **Communicate early and often** – Let people know what is happening as you know it and how to get involved in the process. Use a variety of communication vehicles, including e-mail, town halls, meetings, and newsletters. Be transparent and timely.
- **Engage people in how things will get done** – Create opportunities for people to give input into decisions, such as how they will be trained or when, and to provide feedback on how things are going. Communities of practice or role-based forums are great ways to do this. Make sure their feedback is incorporated, where you can.
- **Surface and manage resistance** – Inevitably, people will get confused, hear rumors, or even get frustrated as the change unfolds. As concerns arise, listen fully and try to understand what the source of their concern is. The more people feel discounted, the more they will resist the change.

Carefully planning out the human side of the ICD-10 implementation and adequately preparing people to make the change will help ensure a smooth transition. Health care organizations, i.e., Kaiser Permanente, that focus on actively engaging people impacted by the change and increasing their level of confidence in using the new code set will experience less disruption in their day-to-day operations and a faster rate of adoption in staff.

References

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