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Emergency department news for hospital executives

Easing the Transition to ICD-10 in the Emergency Department

by **BRYAN HOLTHAUS**

Health care providers, including emergency departments, will face far-reaching changes – and significant challenges – as they transition from ICD-9 diagnostic and procedure codes to the much more detailed and extensive ICD-10 codes. The changeover, scheduled for October 1, 2013, will demand a coordinated effort from hospital administrators, physicians, and staffing and management firms.

What is changing?

First, some background. Most broadly, the ICD-10 codes are designed to reflect advances in medicine and medical technology. The most obvious change with ICD-10 is the dramatic increase in the number of diagnostic codes, from 3,000 under ICD-9 to 68,000 under ICD-10.

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TRENDS IN THE ED

Doctor shortage threatens U.S.

The AAMC estimates there is a shortage of 13,700 doctors nationwide in all specialties. That number is predicted to hit 63,000 by 2015, and more than double, reaching 130,000, by 2025.

FULL STORY

Using ED for follow-up care

Research from Johns Hopkins University has found that providing access to an outpatient clinic is not enough to keep a portion of discharged trauma patients from returning to the ED for follow-up care.

FULL STORY

Medicaid irony

Medicaid pushes for fewer visits to the ED to save costs, while hospitals continue to market their EDs to increase use

FULL STORY

New role improves patient flow in ED

The patient navigator, an RN in the ED who is responsible for managing the patient's journey, helps ensure that services are delivered in a timely manner.

FULL STORY

Faster care in the ED

EDs around the country are borrowing ideas from other industries to speed care.

FULL STORY

CASE STUDY | OTTAWA REGIONAL HOSPITAL | OTTAWA, IL

Best Practices in the ED

> Today, we trust MEDS to enhance the quality of our emergency department – to recruit the right physicians and provide the right support to ensure our success.
>
> BOB CHAFFIN, CEO, OTTAWA REGIONAL HOSPITAL

THE PROBLEM Ottawa Regional Hospital in Ottawa, IL, is a 118-bed facility with a 20,000-volume emergency department that was previously staffed by a group of independent emergency medicine physicians. Over the years, the group's leader began to have less day-to-day involvement, and, as patient volumes began to increase, the group did not schedule double physician coverage, even though the hospital had the budget to fund it.

The result was a number of growing problems in the ED that the hospital administration recognized it needed to address:

- Longer patient wait times, particularly during the middle of the day
- Unhappy physicians who were struggling with lack of leadership and infrastructure (The current staffing group did not provide management services beyond scheduling shifts.)
- Declining patient satisfaction rates

THE SOLUTION After evaluating four staffing and management firms, Ottawa Regional Hospital selected MEDS, which immediately created a core group of board-certified, residency-trained emergency physicians led by an experienced medical director. MEDS provided double physician coverage for 10 hours each day to work with the hospital's emergency nursing staff.

In addition, MEDS provided support and infrastructure services to ensure quality care and achievement of hospital objectives.

For example, MEDS regularly reviewed billing and coding documentation to ensure accuracy. The firm assisted with developing a protocol for handling patients with psychiatric illnesses in the ED and achieving the hospital's EDAP-approved status with the Illinois Department of Public Health. MEDS also conducted a series of public forums with the Ottawa community to ensure appropriate use of the emergency department.

As a result, the emergency department at Ottawa Regional Hospital is a better place to be treated as a patient, and a better place to work as a physician:

- Emergency department wait times have decreased.
- Emergency physicians are happier working at the hospital, which translates to better care.
- The emergency department has a 98% patient satisfaction rating.

"Previously, our emergency department lacked leadership, and we felt we were not getting the value we were paying for," said Bob Chaffin, CEO. "Today, we trust MEDS to enhance the quality of our emergency department – to recruit the right physicians and provide the right support to ensure our success."

Ottawa Regional Hospital was so pleased with these results that administration asked MEDS to staff and manage its new urgent care center, which opened in 2011.

THE RESULTS

Ottawa's ED is staffed by board-certified emergency physicians with 10 hours of double coverage daily.

Emergency physicians are happier working at the hospital, which translates to better patient care and satisfaction.

Emergency department wait times have decreased.

Patient satisfaction scores have reached 98%.

Easing the Transition

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To accommodate the greater detail of the new codes, the format will change as well, increasing from three to five characters in length to three to seven characters in length.

Once in place, the greater specificity and detail of the new codes are expected to yield much more reliable data for measuring health care quality, safety and efficacy. The new codes should also smooth the claims process and reduce administrative costs by providing more specific diagnoses that lead to fewer claim rejections and requests for additional clinical information.

But there will almost certainly be hiccups in the transition process. While the more detailed coding requirements are not expected to require long-term increases in the number of coders, coding productivity and accuracy is likely to decrease during the transition period as coders adjust to the new methodology, which will increase the probability of near-term cash flow disruptions and compliance issues.

Who is most affected?

The changes will most directly affect coders, who will be charged with translating ICD-9 codes to the much more detailed ICD-10 system. While the CMS and CDC have developed General Equivalence Mappings (GEM) – often referred to as "crosswalks" – to assist in the conversion from ICD-9-CM codes to ICD-10-CM codes, the fact is that ICD-9 and ICD-10 codes do not directly map to one another, which means that, in many instances, no "crosswalks" will exist for a one-to-one code match.

There is some uncertainty about what this change will mean for emergency medicine physicians and providers. On the one hand, ACEP expects the impact on physicians to be minimal, arguing that, "There will be little change in what the physician documents in the medical record; it is how the information is 'translated' into ICD coding that will change."

From our perspective, however, physician documentation is the critical first step in the process. If inadequate documentation is provided by the physician, coders will not have the information they need to bridge between ICD-9 and ICD-10 codes, and the hospital's reimbursement levels and revenue stream will be affected.

Other experts agree. Calvin D. Rogers, senior vice president of client services at Intermedix, notes that the changes in concept and structure reflected in the ICD-10-CM code sets will require physicians to provide greater diagnostic specificity to help coders select the correct, most specific code to report.

> The greater detail of ICD-10 codes is likely to have a greater impact on emergency medicine than on other specialties.

For instance, Rogers noted, under ICD-10, a fracture of the forearm might be reported in code S52.521A, which describes a torus fracture of the lower end of the right radius, initial encounter for closed fracture. In this example, S52 is the category – fracture of the forearm. The fourth character – 5 – and the fifth character – 2 – provide additional clinical detail and anatomic site. The sixth character – 1 – is an indication of laterality, right radius, and the seventh character, "A", is an extension that means initial encounter.

John Stimler, a co-founder of BSA Healthcare, agrees that provider documentation will have to be much better to help the coders choose the correct code when ICD-10 goes into effect. "Emergency physicians will have to provide information for the coders about whether the condition has improved, the location and cause of the injury, and so forth," said Stimler. "The coders, to better prepare themselves for many more codes and greater specificity will need a much more extensive knowledge base in anatomy and physiology."

And the greater detail of the new codes is likely to have a greater impact on emergency medicine than on other specialties, according to Clark Kemble, founding partner of MediServ. "Think about the emergency room – they see everything from ingrown toenails to major trauma

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Easing the Transition

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and everything in between. Other specialties don't deal with as many presenting problems," Kemble said.

How to prepare?

The precise nature of the new codes means that physicians will need training on the documentation detail required so that coders can select the correct code, and most observers think that training should start as soon as possible. In making that transition, hospitals will face the challenge of effecting changes among practitioners who regard themselves as essentially independent.

Hospitals that employ ED physicians and coders will be responsible for providing the proper training before the October 1, 2013 deadline. Training should begin during 2012, so it's not too early to begin preparations now.

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Hospitals that hire an outside firm to staff and manage their emergency department will have some help, as the firm should take primary responsibility for training physicians, and in some cases, for training coders as well.

At MEDS, we bring in national experts each year to train our physicians on documentation protocol. During 2012, our training will focus on helping physicians provide the level of documentation needed to meet ICD-10 code requirements. Our billing company has also begun implementing plans to address ICD-10 with coders. Our training during 2013 and beyond will provide the necessary updates and refreshers to ensure our physicians maintain appropriate levels of documentation.

ICD-10 also has implications for electronic medical records, which will be required for all hospitals by the new health care legislation. Since coders work from medical records as their primary source, hospitals transitioning to electronic medical records will need to ensure that their new system templates provide the appropriate detail necessary for ICD-10 codes.

It's going to be a huge transition, and it's likely to be frustrating, but putting all of the pieces in place, including appropriate training for physicians as well as coders, will be critical to maintaining appropriate reimbursement levels and a healthy bottom line.

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