

ICD-10 Lessons Learned from Canada

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ICD-10 Task Force
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Presentation Overview

- 1) Introductions
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Introductions

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Lessons Learned from Canada

Background of ICD-10 in Canada

- 1995 – Agreement reached between World Health Organization (WHO) and Canada to adopt ICD-10
 - Work began in 1999 to develop a Canadian version of ICD-10 and the Canadian Classification of Health Interventions
 - Resulted in ICD-10-CA/CCI (Canadian Classification of Interventions)
- ICD-10-CA/CCI was implemented in Canada on 01 April 2001
 - Supported by Federal Government
 - Developed and implemented by the Canadian Institute for Health Information (CIHI)
 - Provincial approach to staged implementation
 - Challenges were experienced
 - Many lessons were learned that can be applied to the US implementation experience

Expect Operational Issues

- As in any major system or process change implementation, unforeseen obstacles arose
- For example:
 - The flow of data elements and software functionality changed
 - Software enhancements were required for data quality edits
 - Mapping and reconciliation of the data from/to the various interfaced systems was required
- The vendor **must** be able to meet all stated facility requirements
 - These can be data, workflow or software functionality requirements

Expect Staff Productivity Losses

- Expect productivity losses across all care types
- From a workload perspective, this makes sense since coders are now looking for more information in patient record
 - Productivity never rebounded to pre-ICD-10 levels!!
- Use of pre-defined coding lists within ambulatory care settings mitigated loss of productivity

**Sample Canadian Coding Productivity (Charts Completed per Hour)
Pre- and Post-ICD-10 Implementation**

	ICD-9-CM (April 2002)	Start ICD-10-CA/CCI (July 2002)	ICD-10-CA/CCI (April 2003)
Inpatient	4.62	2.15	3.75
Day Surgery	10.68	3.82	8.53
Emergency	10.37	6.49	8.83

Note: Data taken from Humber River Regional Hospital, Toronto, Ontario, Canada

Expect Informational Issues

- Significant ICD-9 to ICD-10 code comparability concerns and differences in logic and hierarchical structure of the code sets
- Change in coding classifications required that all reports needed to be analyzed, validated and re-written
 - Field size changes
 - Numeric vs. alphabetic characters
 - Logic changes due to the revised structure of the codes
 - Data collection standards/rules and underlying principles
 - Challenges to trend historically
 - Crosswalks were not possible or were unreliable
- Requirement to retain historical data, and the applicable systems, for historical comparable data reporting
- This is an opportunity to review the quality and usability of your reports and other outputs

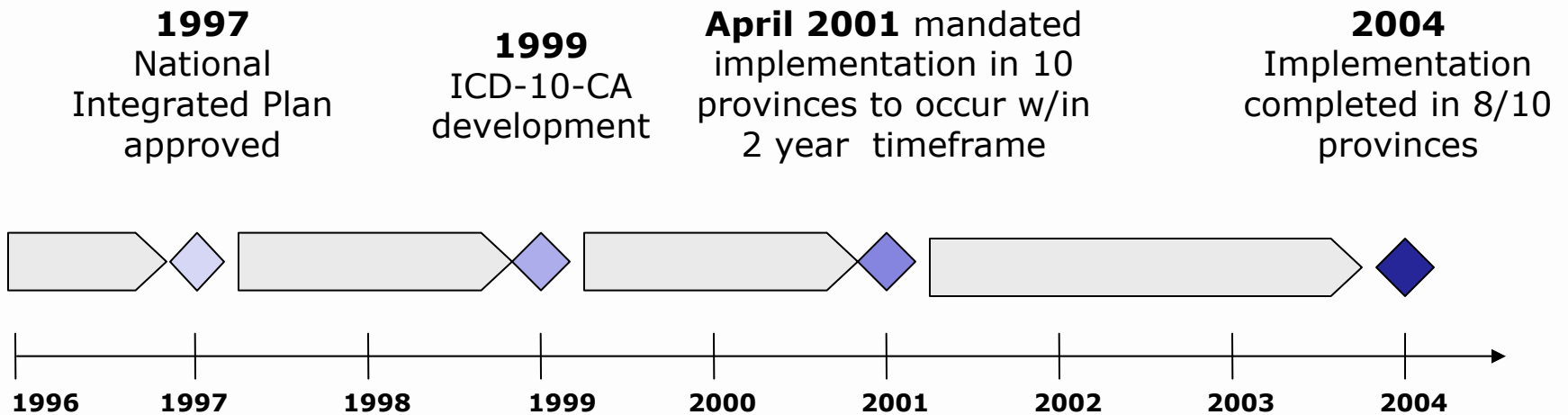
Expect Large Investment In Education

- Both for basic staff training and ongoing assessment of coding education and skills
- Start training early for key individual(s) who will be most closely involved with the implementation and conversions
- A wide variety of stakeholders, including physicians and other clinicians, will require training
 - In order to understand the new requirements for more detailed documentation
- The experience in Canada
 - 5 day self-learning package and 2 day in-person training was found to be insufficient for the acute care coders
- The amount of training allocated to staff also affected long term recovery of lost productivity

How did ICD-10 help Canada?

- The richness of the data provided value added benefits
 - Increased level of specificity for clinical, case costing, and decision support reporting.
 - Provided more relevant data for epidemiological, research and other secondary uses of data for population health management.
 - This mitigated the necessary costs, system and process changes and change management practices
- ICD-10 allowed for opportunities for clinical data comparisons (diagnoses, outcomes) to advance service delivery and system efficiencies and effectiveness
- CIHI (Canadian Institute for Health Information) now has a wealth of information which allows them to report on population health and wellness
 - Research
 - Resource allocation
 - Healthcare planning and decision making

Canadian Implementation Effort



Thank You!