

Tuesday, February 10, 2015

Coalition for ICD-10

Good Afternoon and thank you for the opportunity to share our journey into ICD-10. My name is Dr. Edward Burke. I practice Internal Medicine in a small rural community in Missouri with a population of about 4,000 people. Along with Dr. Beyer, 2 nurse practitioners, a pediatric nurse practitioner and a mental health provider, we manage to see patients of all ages. From birth to geriatrics we cover it all. As a family practice clinic we see a little of everything. Not exactly the hotbed of excitement or on the cutting edge of anything. And still, we have patients who need the same kind of care as patients all over the country.

Providers face unique challenges while serving in rural areas due to accessibility and lack of resources. The challenges to running a successful 'business' in healthcare can be just as difficult for the same reasons. The information highway often overlooks the side roads. In an industry full of rules and regulations it is imperative to keep abreast of anything new coming down the pipe. Being out of the loop often means being left behind. It is with this in mind that our practice strives to stay on top of the ever changing rules and regulations in healthcare.

ICD-10 has been on the horizon for several years now. We were ready for it. More importantly, our software vendor was ready for it. When the date was postponed, we moved forward. We believed the implementation of ICD-10 would eventually happen and that we would be even more prepared. With all the changes coming in healthcare, this was one we would tackle in full confidence. What we were

unprepared for was how seamless it was. On a busy Monday morning, October 7, 2013 we took on ICD-10 and we haven't looked back.

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. As providers, it was not frustrating or scary. It just 'was'.

Why did this work so well for us? A combination of things in our opinion, most of all teamwork and leadership. We have providers who work well with each other and with the rest of the staff. We are a close knit medical office family, understanding that we are only as strong as our weakest employee. Everything we do in the office we do together. Every staff member is a part of every change in one way or another. It is important to have a leader on the staff that is progressive and knowledgeable about what is coming. Someone who comes prepared with a plan of action. No office should be without a professional practice manager. One who has certification to back up what years of experience has given. The relationship between professional practice managers and physicians is critical and often means the difference in success and failure. Associations such as PAHCOM, Professional Association of Health Care Office Management, offer practice managers the knowledge needed to navigate through the many changes in rules and regulations. Our industry is riddled with what you can do and what you cannot do. PAHCOM provides access to information critical to running a successful medical office.

The other prominent factor was our software. We chose to implement highly effective software when we made the decision to transition to electronic medical records. Our practice manager looked at some of the things coming in the near future and chose software that would grow and expand to what we would need and that would be ready when we needed it. The road to ICD-10 was driven by our EHR

vendor. They extended an offer to us to be a part of a pilot program for implementing ICD-10. We were very happy to be a part of it. Our thinking was: it gives us time to play with it and learn it before it really counts. We had no idea how easy it was going to be. We just wanted to take advantage of every possible source of information before each stroke counted financially. We did not feel we could be too prepared. We were as apprehensive as everyone else.

Communication is the most important tool in eliminating errors, providing quality care and improving outcomes. There are several pieces that must come together, with the same information, in order to complete one simple procedure. Speaking the same language is crucial to patient care. ICD-10 is that language. As all processes change and improve over time so should our diagnosing. ICD-10 provides clear, concise descriptions of the problem a patient is having. The specifications narrow margins of error since the picture is clearer. The drill down structure of the system provides an accurate description of the problem.

As the world becomes ever smaller it is important to see healthcare with a broader view. Even in our small community it is not uncommon for patients to be traveling out of the country. It is important to understand that we are affected by the health of locations outside our homes. To speak the same healthcare language is imperative. As a nation we are behind. As an industry we are behind. As healthcare providers we can do better. We must be open to change and to the possibility that a different way can work. ICD-10 is truly better than what we currently have. The benefits to ICD-10 have been well touted as well as the drawbacks. We do not claim to have the answers or formula that will work for every provider situation.

But it worked for us. We used ICD-9 on a Friday and ICD-10 on the following Monday. No training, no expensive consultants, just a dedicated group of professionals who accepted the challenge. And what we got was a normal day at the office. We are very pleased with our decision to keep using ICD-10 and encourage others to support this move. Accuracy and positive outcomes are of course important goals in patient care. Fine tuning diagnoses help paint a clearer picture of what is really happening with a patient. The important thing to understand is that ICD-10 helps not hinders patient care. There are many issues that are debatable in healthcare today. Anything that so clearly helps the patient should not be one of them. ICD-10 should move forward. Healthcare moves fast. From advancements in medicine to the technology in the office, you cannot blink. Putting off ICD-10 is not blinking; it's closing your eyes.

We do not wish to discredit rational objections to transitions to ICD-10. Each situation will present its own pains and struggles. We just wish to share our story and maybe ease some lingering fear. It wasn't hard, it wasn't expensive and it wasn't time consuming. Clinical documentation did not change. We spend the same amount of time documenting to support ICD-10 as we did with ICD-9. We did nothing different. We use it every day; it is a normal part of our encounter with a patient.

We strongly support full implementation of ICD-10. We believe ICD-10 is a better communication tool and we believe it will truly be a benefit in the care of patients.

Thank you again for the opportunity to share our experiences.