

ICD-10 Implementation Team Meeting Minutes

March 19, 2012

11:00am - 12:30pm

DPH Computer Training Room, 5605 Six Forks Rd, Raleigh, NC (Building 3, 2nd Floor)

Conference number: **1-888-363-4734**; Access Code: **2142113#**
<https://dhhs.ncgovconnect.com/icd10/>

Attendees (☑ = present; ■ = absent)

| | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Sarah Brooks (Facilitator) - DPH | <input type="checkbox"/> Joy Reed – DPH |
| <input type="checkbox"/> Alice Salmons Mitchell – Yadkin Co LHD | <input checked="" type="checkbox"/> Kaye Hall – Warren Co LHD |
| <input type="checkbox"/> Bob Martin – DPH | <input type="checkbox"/> Lana Deyneka - DPH |
| <input checked="" type="checkbox"/> Brenda Dunn - DPH | <input checked="" type="checkbox"/> Lillie Worsley - DPH |
| <input checked="" type="checkbox"/> Candy Tharrington – Franklin Co LHD | <input type="checkbox"/> Lisa Hamilton – Mecklenburg Co LHD |
| <input type="checkbox"/> Carla Morgan – Jackson Co LHD | <input type="checkbox"/> Lynn Conner – DPH |
| <input checked="" type="checkbox"/> Carol Tyson – DPH | <input checked="" type="checkbox"/> Marcia Mandel – Raleigh CDSA |
| <input checked="" type="checkbox"/> Diane Keener – Macon Co LHD | <input checked="" type="checkbox"/> Marcia Robinson – Durham Co LHD |
| <input type="checkbox"/> Donna Sawyer – Albemarle Region Health Services | <input checked="" type="checkbox"/> Missy Johnson – Franklin Co LHD |
| <input type="checkbox"/> Dorothy McNeil – Cumberland Co LHD | <input type="checkbox"/> Pamela Serrell Cochran – DPH |
| <input type="checkbox"/> Doug Busch - DPH | <input checked="" type="checkbox"/> Roy Gilbert – Office of Rural Health & Community Care |
| <input checked="" type="checkbox"/> Eleanor Howell – DPH | <input type="checkbox"/> Sandra Cox – Craven Co LHD |
| <input type="checkbox"/> Ellen Shope – DPH | <input checked="" type="checkbox"/> Sharon Artis - DPH |
| <input type="checkbox"/> Eunice Inman – DPH | <input type="checkbox"/> Sylvia Gentry – Stokes Family Health Center |
| <input checked="" type="checkbox"/> Frances Taylor – DPH | <input checked="" type="checkbox"/> Taryn Edwards - DPH |
| <input type="checkbox"/> Gay Welsh – DPH | <input checked="" type="checkbox"/> Tony Ivosic - DPH |
| <input type="checkbox"/> | <input type="checkbox"/> |

| Item | Agenda Items | Presenter | Decisions / Action Items | Questions / Comments |
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| 1 | Loss of Implementation Team Member | Sarah Brooks | Sarah will remove from Attendee List - Done | Kristie O'Neal has left Wilson Co LHD so she has been removed from the Implementation Team roster. |
| 2 | Potential Delay of ICD-10 Compliance Date by CMS | Sarah Brooks | <ol style="list-style-type: none"> 1. DPH is moving forward with implementation plans. 2. The "When" column in the Education Matrix will remain blank for the time being except for the following courses: Introduction, Implementation and Comprehensive (for the folks who will do the internal Clinical Documentation Improvement assessments). If CMS announces a delay date, the Project Schedule will be revised and the | On February 14, acting administrator for the Centers for Medicaid and Medicare Services (CMS) Marilyn Tavenner publicly remarked that CMS would "re-examine the pace" of ICD-10-CM/PCS implementation. This statement was followed late the next day by a more definite announcement from Health and Human Services (HHS) Secretary Kathleen G. Sebelius that HHS "will initiate the rulemaking process to postpone" the compliance deadline for implementation of ICD-10. Since these announcements, a number individuals and organizations that |

ICD-10 Implementation Team Meeting Minutes

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|------|----------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>"When" dates can be completed.</p> | <p>represent healthcare providers, health plans, vendors, and clearinghouses, including AHIMA, have protested any delay in ICD implementation.</p> <p>AHIMA's Message to Professionals In AHIMA's first press release after CMS's initial announced "intent to delay," AHIMA "encouraged the healthcare community to continue to prepare for the ICD-10 transition and not delay or suspend efforts to meet the ICD-10 current compliance deadline. AHIMA does not want the energy and progress in implementation preparation activities to be lost." (See AHIMA's Top Ten Reasons Why We Need ICD-10 Now – End of Agenda)</p> <p>At the March NCHICA meeting, it was reported that CMS will announce a new compliance date in April. Health Plans have sent recommendation to CMS that the delay be for no more than 1 year; if longer, the costs will be much higher. One recommendation on the table is to move forward with implementation of ICD-10-PCS on 10/1/13 and then implement ICD-10-CM 10/1/14.</p> <p>National Committee on Vital and Health Statistics – Recommends no more than 1 year delay</p> |
| 3 | Business Impact Assessment | Sarah Brooks | <ol style="list-style-type: none"> 1. A LHD to pilot the Business Impact Assessment is still needed. <ol style="list-style-type: none"> a. Leah Thorndyke from Johnston County has reviewed the tool and will let me know if her Health Director will permit Johnston County to be the LHD pilot. b. If Johnston County does not agree to pilot the tool, Missy Johnson and Candy Tharrington from Franklin County will ask their Health Director about being a pilot site. c. Diane Keener from Macon County stated they would be a pilot site if the pilot can be done via phone. Sarah stated the DPH pilot was done via phone and went very well. 2. Refer to second paragraph on "Introduction" Tab in Template. Do we want to say that each area in the agency needs to be assessed even if an area insists they are doing nothing with diagnoses? For example, Environmental Health or Housekeeping in the LHDs; Forensic Tests for | <p>Pilots of the Business Impact Assessment tool have been done for Women's Health Regional Nurse Consultant (Brenda Dunn) and Raleigh CDSA (Marcia Mandel and staff). Some changes to the template have been made as a result of the 2 pilots.</p> <div style="text-align: center;">  <p>ICD-10 Business Impact Assessment I</p> </div> |

ICD-10 Implementation Team Meeting Minutes

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|------|---------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>Alcohol in DPH (Branch Head says they do nothing with diagnosis).</p> <ul style="list-style-type: none"> a. Frances Taylor recommended that a screening question be added at the beginning to ascertain if an area assigned to complete the assessment currently uses ICD-9 or plans to use ICD-10 in the future. DONE – Attached is the revised Assessment form. The Introduction, Inventory and Instructions have been modified. b. Eleanor Howell stated agencies need to make sure that staff who perform data analysis, reporting, etc., complete an assessment. DONE – Added statement to this effect in the Introduction. c. Eleanor asked if DPH staff in the Epidemiology Section and SCHS should respond to the Administrative category, Data Management and Reporting. Sarah stated 'yes' and they should feel free to add rows within the Category if they want to describe impacts related to certain reports. Eleanor recommended that DPH staff in Epi and SCHS be informed of this when the tool is distributed. | |
| 4 | ICD-10-CM Introductory Training | Sarah Brooks | <p>Should the Intro Webinar be recorded now or wait for decision on possible delay?</p> <p>The Team stated the Webinar should be done now. If the compliance date is delayed, the slides will be revised and a replacement Webinar recorded. Sarah has scheduled March 26th to record the Webinar.</p> <p>The attached slides include the addition noted in Agenda item 7 related to the need for Anatomy and Physiology training.</p> |  <p>Introduction to ICD-10-CM v2.ppt</p> <p>The attached slides have been developed for the Introduction to ICD-10-CM training that is included on the Education Matrix. Lisa Hamilton and Frances Taylor from the Training Work Group have reviewed and provided feedback.</p> <p>In addition to posting a webinar with the information, the slide can be used for presentations at local agency meetings, regional meetings, etc.</p> |
| 5 | Learning Management System | Sarah Brooks | <p>The Implementation Team approved the following recommendation:</p> <ol style="list-style-type: none"> 1. Develop the Comprehensive training using Power Point (PP) between now and July. | <p>DIRM has a training server setup for the open source "Moodle" learning management system (LMS). At the present time, it is being tested by Dwala Johnson and Mary Barbour at DIRM. A virtual server to sponsor other DHHS sites is not available at this</p> |

ICD-10 Implementation Team Meeting Minutes

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|------|------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <ol style="list-style-type: none"> 2. Use PP and a combination of Face-to Face and Webinar to train the Implementation Team and limited number of agency staff who will perform the Clinical Documentation Improvement (CDI) Assessments. Note: Following that training, we will have a better idea on the effectiveness of F2F and Webinar training. 3. Continue to monitor the status of LMS availability at DIRM and OSP. <ol style="list-style-type: none"> a. If there is a delay in the implementation date, there would be time to transfer the training to an LMS. b. Develop training in the LMS for one of the Specialty modules and test the effectiveness of using e-Learning for ICD-10 coding. c. Since adjustments to the PP and Webinar training will be made following the initial training and CDI Assessments, delay any decisions regarding transferring the training to a LMS until 4th Quarter 2012/1st Quarter 2013. | <p>time; however, the plan is to move that way and use Moodle for Vital Records and HIS eLearning.</p> <p>The Office of State Personnel has an RFP 'on the street' for a LMS that would be available to all agencies. Attached is the letter on their status.</p> <div style="text-align: center;">  <p>Status of OSP LMS RFP as of 3-9-12.pdf</p> </div> |
| 6 | Education Matrix and Training Plan | Sarah Brooks | <ol style="list-style-type: none"> 1. Education Matrix has been sent to ICD-10 Contacts. 2. Sarah will convene the Training Work Group once the Training Plan is drafted. 3. The Training Plan will be ready for Implementation Team review and discussion at the April meeting. | <p>An updated version of the Education Matrix is attached that reflects changes recommended by team reviewers and includes Rural Health. Many of the 'When' categories are blank and will be completed once CMS announces a firm compliance date.</p> <div style="text-align: center;">  <p>Education Matrix v17.xls</p> </div> <p>Training Plan is delayed due to time spent on Business Impact Assessment Pilots.</p> |
| 7 | Training Scenarios | Sarah Brooks | <p>Each member of the Implementation Team will develop at least 5 scenarios appropriate for their area (e.g., State Lab, LHDs, CDSAs, Rural Health, OME) and submit to Sarah no later than April 9, 2012. These will be incorporated into the training materials for coding practice exercises. If the ICD-9-CM codes for the diagnoses in the scenarios are known, please include.</p> | <p>A task that can begin NOW is the development of scenarios for training. We need LOTS of scenarios that provide a realistic representation of clients seen in the LHDs, CDSAs and Rural Health Clinics. Also need scenarios for State Lab and Medical Examiner's Office.</p> <p>To avoid duplications, attached is the latest list of scenarios.</p> <div style="text-align: center;">  <p>Scenarios for ICD-10 Training.doc</p> </div> <p>Sharon Artis from OCME stated that cases were classified by</p> |

ICD-10 Implementation Team Meeting Minutes

| Item | Agenda Items | Presenter | Decisions / Action Items | Questions / Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | several major categories. Sarah recommended she try to provide at least 3 scenarios from each of the categories. |
| 8 | Observations from Coding Training Attended by Sarah | Sarah Brooks | At last month's meeting, Sarah stated refreshers in Anatomy & Physiology may be necessary for ICD-10-PCS only. After attending this training session, it is clear that staff who do the coding need to be knowledgeable in the area of Anatomy & Physiology. Sarah has added this recommendation to the Intro slides. | <ol style="list-style-type: none"> 1. Having code books is essential. 2. Plenty of coding exercises are essential. 3. Doing exercises in small groups was very helpful – generated lots of discussion. 4. Knowledge of Medical Terminology, Anatomy and Physiology is essential. 5. Hospital staff that use Computer Assisted Coding had a very hard time using the code book and did not use the Tabular to validate their diagnosis. |
| 9 | Project Schedule | Sarah Brooks | Baselining of Project Schedule was approved by Joy Reed and sent to ICD-10 contacts and posted on website. |  ICD-10 Project Schedule by Tasks Ba |
| 10 | Issues Log | Sarah Brooks | | Updated Issue Log/Risk Matrix attached. Have added issue related to possible delay of compliance date.  Project Issues_Risks Logs 2-22-12.xls |
| 11 | Other | All | | None |
| 12 | Adjourn | All | | 12:15pm |
| Next Meeting Date: Monday, April 16, 2012, 11:00am – 12:30pm; Computer Training Room (Bldg 3, 2nd Floor) and Webinar Access | | | | |

AHIMA's Top Ten Reasons We Need ICD-10 Now

1. **It Enhances Quality Measures.** Without ICD-10 data, serious gaps will remain in the healthcare community's ability to extract important patient health information needed for physicians and others to measure quality care.
2. **Research Capabilities Will Improve Patient Care.** Data could be used in a more meaningful way to enable better understanding of complications, better design of clinically robust algorithms, and better tracking of the outcomes of care. Greater detail offers the ability to discover previously-unrecognized relationships or uncover phenomenon such as incipient epidemics early.
3. **Significant Progress Has Already Been Made.** For several years, hospitals and healthcare systems, health plans, vendors and academic institutions have been preparing in good faith to put systems in place to transition to ICD-10. A delay would cause an unnecessary setback.

ICD-10 Implementation Team Meeting Minutes

4. **Education Programs Are Under Way.** To ready the next generation of HIM professionals, academic institutions have set their curriculum for two-year, four-year and graduate programs to include ICD-10.
5. **Other Healthcare Initiatives Need ICD-10.** ICD-10 is the foundation needed to support other national healthcare initiatives such as meaningful use, value-based purchasing, payment reform, quality reporting and accountable care organizations. Electronic health record systems being adopted today are ICD-10 compatible. Without ICD-10, the value of these other efforts is greatly diminished.
6. **It Reduces Fraud.** With ICD-10, the detail of health procedures will be easier to track, reducing opportunities for unscrupulous practitioners to cheat the system.
7. **It Promotes Cost Effectiveness.** More accurate information will reduce waste, lead to more accurate reimbursement and help ensure that healthcare dollars are used efficiently.

If ICD-10 Is Delayed:

8. **Resources Will Be Lost.** For the last three years, the healthcare community has invested millions of dollars analyzing their systems, aligning resources and training staff for the ICD-10 transition.
9. **Costs Will Increase.** A delay will cause increased implementation costs, as many healthcare providers and health plans will need to maintain two systems (ICD-9 and ICD-10). Delaying ICD-10 increases the cost of keeping personnel trained and prepared for the transition. Other systems, business processes and operational elements also will need upgrading. More resources will be needed to repeat some implementation activities if ICD-10 is delayed.
10. **Jobs Will Be Lost.** To prepare for the transition, many hospitals and healthcare providers have hired additional staff whose jobs will be affected if ICD-10 is delayed.

And Finally...

We Can't Wait for ICD-11. The foundations of ICD-11 rest on ICD-10 and the foundation must be laid before a solid structure can be built. ICD-11 will require the development and integration of a new clinical modification system. Even under ideal circumstances, ICD-11 is still several years away from being ready for implementation in the United States.