HiMSS
DALLAS / FORT WORTH
Chapter

HIMSS DFW ADVOCACY

Healthcare First in our Communities

Overview

Why is Advocacy important?

Government regulations have a significant impact on healthcare and the work we do. Your involvement in advocacy is critical to inform and educate our lawmakers of the importance of relevant Healthcare issues we face today and in the years to come.

How can you help?

Become involved in Advocacy in your community, your workplace and our efforts with HIMSS DFW Advocacy.

How often will this newsletter be sitting unread in my inbox?

Every six months!

THIS ISSUE

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CONTRIBUTE

Want to contribute a story? Have info on advocacy or HIT to share? Send an email to:

dfw.info@himsschapter.org

Message from Donna Montgomery

Vice President of Advocacy

Advocacy's Mission

Donna Montgomery
VP of Advocacy

DFW HIMSS Community,

I want to welcome you to the first DFW HIMSS Advocacy Newsletter. The Advocacy team's intention is to publish a newsletter two times a year and give you up-to-date and timely information about important issues that all HIT Professionals need. Our work environment is highly complex and is constantly changing. The Advocacy team believes updating you on important issues, in a concise manner will help you be a better informed HIT Professional, health care consumer and citizen. Your peers, friends and family look to you for an understanding of the complex issues in HIT.

This issue of the newsletter is focused on ICD-10 conversion and the reasons that conversion is important. The National Quality Strategy's three aims; better outcomes, healthier populations and affordable costs (Center for Medicare & Medicaid Services [CMS], 2013)*. Please contact your representatives to congress and let them know about your stand on ICD 10 conversion. Please let us know if this addresses your needs or if you have items you would like us to include in our next newsletter.

Thank you,

Donna Montgomery
 VP Advocacy for DFW HIMSS Chapter

Quote of the Quarter:

Advocacy...

To change "what is" into "what should be"

Policy

HIMSS National Policy Summit
Washington, D.C.

The HIMSS 13th Annual Policy Summit was conducted September 17th and 18th , 2014 in Washington, DC at the Grand Hyatt Hotel. The Keynote address was given by the National Coordinator of Health IT, Karen DeSalvo, MD. The main themes throughout the summit were interoperability, Big Data and the recommendations to Congress that HIMSS is promoting this year. The recommendations are outlined in the three Congressional Asks for 2014 below.

#1. **Minimize Disruption in our Nations' Health Delivery System Emanating from Federally-Mandated Health IT Program Changes.** Congress should require the HHS Secretary to publish a review, evaluation and recommendations on the five-year roadmap of all mandated, health IT requirements and program changes affecting patients and the operations of providers, payers, and/or health IT vendors.

#2. **Fund the National Coordinator for Health IT to Achieve Interoperability, Improve Clinical Quality, and Ensure Patient Privacy and Safety.** Positively transforming our nation's healthcare system requires widespread, secure, interoperable exchange of health information. Congress should fund the Office of the National Coordinator for Health Information Technology in FY 2015 at sufficient levels requested in the Administration's FY 2015 Budget Request. ($75M or $14M more than was allotted in FY2014)

#3. **Expand Telehealth Services to Improve Patient Access and Outcomes and Decrease Healthcare Costs.** To expand access to quality care, help control costs, enhance secure interoperability, and improve quality for rural and underserved populations, Congress should pass legislation that enables the nationwide realization of the full benefits of telehealth services.

We were able to sit down with the Health Policy Advisor for Representative Sam Johnson and the Health Legislative Assistant to Senator John Cornyn. We were given time to frame and articulate the Congressional Asks in detail. While each office seemed to be familiar with the healthcare macro issues being discussed they were unable to commit support or defend opposition to any of the Congressional Asks under review.

Mark Felts
Principal Consultant, Healthcare

Policy

Health Information Technology Day
Austin, TX

The 5th biannual Legislative Visit Day at the Texas Capitol was a huge success thanks to the 50+/- HIMSS, TxHIMA and CHIME volunteers who made it happen. HIT (Health Information Technology) professionals worked in teams to meet with legislators or their office staff during 15 minute appointments to cover telemedicine and HIT success stories and establish themselves as 'go-to experts' on follow-up HIT questions and concerns.

In all, 135 offices were visited on February 18, 2015. HIMSS national supported this effort with pre-visit orientation that prepared our volunteers to make the best impression during their appointments. Feedback from volunteers reflects that most offices visited appreciated our making the appointment and we were particularly well received because our only bias was toward what's best in HIT for patient care.

We were able to point out the accomplishments of our state's two most recent HIMSS Davies award winners at Dallas Children's and Texas Health Resources and our 'leave behind' material included summaries of their HIT achievements that have improved access to care and quality outcomes.

This legislative visit day differed from those in the past in that it was scheduled in February and not January. The 135 offices visited were an increase in the prior number of 110, a tribute to the many phone calls and emails in the week prior to the visit that generated interest on the part of the legislative offices!

A number of our volunteers were first timers and to a person, they were very enthusiastic about their accomplishments as they readily understood that they are HIT experts and the legislators and their staff were appreciative of the opportunity for dialogue, information exchange and follow-up contact information.

Planning for the '17 day at the Capitol has already begun . The planning team appreciates all the great work and coordination that was contributed by so many HIMSS volunteers in making this day a success. We encourage you to get involved in our state and national advocacy efforts and look forward to talking to you soon.

AHIMA
American Health Information
Management Association®

ICD-10-CM/PCS

ICD-10-CM (International Classification of Diseases -10th Version-Clinical Modification) is designed for classifying and reporting diseases. ICD-10-PCS (Procedure Classification System) replaces the ICD-9-CM procedure coding system, and will only be required for facilities reporting on hospital inpatient services. The ICD-10-CM/PCS classification systems are a 21st century vocabulary standard needed to support the U.S. effort to adopt electronic health records (EHRs) and maximize health information exchange (HIE).

HIM professionals work to promote patient safety and privacy by ensuring the high quality of information in medical records. ICD codes are core elements of many health information technology (HIT) systems, making the conversion to ICD-10 necessary to fully realize the benefits of HIT adoption. The current system, ICD-9-CM, is a 35-year old set of codes and does not fulfill the need for medical reporting in the 21st century.

Current Challenges

- ICD-9-CM is out of date and running out of space for new codes.
- Without ICD-10-CM/PCS, the U.S. return on investment in EHRs and health data exchange will be greatly diminished.
- Considerable investments have already been made by healthcare providers, public and private payers, vendors, and academic programs in preparation for the ICD-10 transition.
- Another legislative delay in completing the implementation of ICD-10-CM /PCS will substantially increase total implementation costs, as HIT expansion requires more systems changes and many previously-completed steps become outdated and need to be repeated.
- Delay in implementing and using the ICD-10-CM codes will also delay the move to pay for healthcare on the basis of quality and outcomes and also complicates the consumer's ability to choose high quality, low cost healthcare.

ICD 10

AHIMA's Request of Congress
- Move forward with the October 1, 2015 implementation date for ICD-10-CM/PCS.
- Oppose any legislative efforts to delay ICD-10-CM/PCS.

Frequently Asked Questions about ICD-10-CM/PCS
Q: What is ICD-10-CM/PCS?
A: ICD-10-CM (International Classification of Diseases -10th Version-Clinical Modification) is designed for classifying and reporting diseases. ICD-10-PCS (Procedure Classification System) replaces the ICD-9-CM procedure coding system, and will only be required for facilities reporting on hospital inpatient services. ***When speaking of both these new classifications, the term "ICD-10" is often used***.
Q: Who has to comply with ICD-10?
A: All HIPAA-covered entities must convert to ICD-10-CM for reporting diagnoses and ICD-10-PCS for facility reporting of inpatient services, from the 35 year old ICD-9-CM version.
Q: Why does the U.S. need to replace ICD-9-CM?
A: Developed in the 1970s, the ICD-9-CM code set no longer fits with the needs of the 21st century healthcare system. ICD-9-CM is used for many more purposes today than when it was originally developed and is no longer able to support current health information needs.
Q: Has the pace of the ICD-10 transition been too rapid?
A: For the past 14 years, healthcare organizations have known that ICD-10 implementation would occur. This provided plenty of time to prepare for the transition. The longer implementation takes, the more it will cost and the more the quality of healthcare data will suffer.
Q: Why is it important not to delay the implementation of ICD-10?
A: ICD-10-CM and ICD-10-PCS must be adopted as soon as possible to reverse the trend of deteriorating health data. Never in U.S. history have we used the same version of ICD for 35 years.

ICD 10

Q: Will ICD-10 procedure codes be used for both inpatient and outpatient hospital services?

A: No. ICD-10 procedure codes are designed only for hospital reporting of inpatient services. Current Procedural Terminology (CPT) codes will continue to be used for physician and outpatient services.

Q: Do physicians need to use all the codes in ICD-10?

A: Healthcare providers will not use all the codes in the classification system; rather they will use a subset of codes based on their practice. The ICD-10-CM code set is like a dictionary that has thousands of words, but individuals use some words very commonly while other words are never used.

Q: Does ICD-10 compete with other healthcare initiatives that require time and resources to implement?

A: No. The industry has had 14 years to prepare for the implementation. The benefits of ICD-10 will improve national healthcare initiatives such as Meaningful Use, value-based purchasing, payment reform and quality reporting. Without ICD-10 data, there will be serious gaps in the ability to extract important patient health information needed to support modern-day research, and move to a payment system based on quality and outcomes.

ICD 10

Q: What is the value of ICD-10?

A: The improved clinical detail, better capture of medical technology, up-to-date terminology, and more flexible structure will result in:

- Higher quality information for measuring healthcare service quality, safety, and efficiency
- Improved efficiencies and lower costs
- Greater coding accuracy and specificity
- Greater achievement of the benefits of electronic health records
- Recognition of advances in medicine and technology
- Improved ability to measure outcomes, efficacy, and costs of new medical technology
- Better support of medical necessity of services provided
- Fewer claims denials
- Improved ability to determine disease severity for risk and severity adjustment
- Global healthcare data comparability
- Improved ability to track and respond to public health threats
- Reduced need for manual review of health records to perform research and data mining and adjudicate reimbursement claims
- Reduced need for supporting documentations to support information reported on claims
- Reduced opportunities for fraud and improved fraud detection capabilities
- Development of expanded computer-assisted coding technologies that will facilitate more accurate and efficient coding and alleviate the coder shortage
- Space to accommodate future expansion

People

DFW HIMSS Advocacy Committee

Please let one of us know if you would like to join the DFW HIMSS Advocacy Committee and our efforts to improve healthcare in our communities.

Donna Montgomery:

VP of Advocacy

Lee Lavergne:

President DFW HIMSS

Joe Jackson:

Past President DFW HIMSS

Cheryl Mason

Past President DFW HIMSS

Steve Kotyk:

Advocacy Committee

Mark Felts :

Advocacy Committee

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new"
~ *Socrates*

Steve Kotyk

Advocate SPOTLIGHT

Name: Steve Kotyk

Day Job: Director of Business Development, Argo Data Resource Corporation

HIMSS Advocacy: 6 years

Why Advocacy?:
A Chief Medical Officer once told me "if a law was an impediment to delivering good healthcare, change it".

Fun Fact About Me:
In 2006, Texas Health Resources (THR) was looking to implement electronic driver's license readers to speed up and improve the accuracy of patient registration only to find that there was a law prohibiting anyone from reading the encoded information on a Texas Driver's license other than a few State agencies, banks and pawn shops. Upon learning about this restriction, I was able to share this issue with Representative Tan Parker while he was campaigning for his first term in office. After winning election, Tan Parker contacted me and wrote House Bill 1060 in the 2007 legislative session to allow hospitals to read the information encoded in the magnetic stripe or 2D barcode on the back of the Texas Driver's License. This endeavor enabled me to experience first hand how bills were written, allowed me to testify before the house committee, and even visit key representatives and special interest lobbyists that initially opposed the bill due to privacy concerns. In the end it was passed and signed by Governor Rick Perry in the summer of 2007.

Articles

Articles worth your time

HIMSS Formally Submits Comments on ONC on Nationwide Interoperability Roadmap

Proposed Regulations Released on Meaningful Use Stage 3

HIMSS Comments on Federal Health IT Strategic Plan