Impact of ICD-10-CM/PCS on the National Health Care Surveys

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National Health Care Surveys

National Ambulatory Medical Care Survey (NAMCS)

- Visits to office-based physicians and community health center providers.
- Since 1973, annual since 1989

National Hospital Ambulatory Medical Care Survey (NHAMCS)

- Visits to Emergency Departments, Outpatient Departments, and Ambulatory Surgery Locations
- Annual survey since 1992

National Hospital Care Survey

- Visits to hospitals, including both inpatient and outpatient settings (emergency, outpatient, and ambulatory surgery)
- Ongoing since 2011

NAMCS/NHAMCS Data Collection

□ Facility-level data

- Collected through in-person interviews
- Includes visit volume, EHR adoption, other administrative questions

□ Visit-level data

- Sample of visits for a pre-selected period of time
- Abstracted onto Patient Record forms (PRFs)
- Includes patient demographics, reason for visit, diagnosis, procedures, and medications

NHCS Data Collection

- □ Facility-level data
- □ Visit data
 - Electronic data for all inpatients and ambulatory visits:
 - Electronic health record (EHR) data
 - Uniform Bill (UB) 04 administrative claims data
 - State data files
 - Abstracted data for a sample of ED and OPD visits including ambulatory surgery:
 - Oversampling of ED substance-involved visits
 - Clinical information (e.g., labs, medications)

Abstracted Ambulatory Data: Diagnosis and Procedure Data

□ Before 2012 (ICD-9-CM)

- Paper PRFs
- Data keyed and coded by a contractor

□ 2012 − 2015 (ICD-9-CM)

- Computerized PRFs on secure laptops
- Data entered as verbatim fields and also selected from a dropdown menu
- Verbatim fields still coded by contractor

2016 (ICD-10-CM/PCS)

- Computerized PRFs
- Verbatim fields only; no dropdown menus

Abstracted Ambulatory Data: Dropdown Menus

A look at the Dropdown Menus

- Started in 2012
- Lists of most commonly entered diagnoses and procedures from previous years of data
- Abstractor asked to write in the verbatim data, and then select the appropriate entry from the dropdown menu
- Menu selections were mapped to ICD-9-CM codes in data processing

Analysis of 2012 data found a 10% error rate between verbatim entries and dropdown menus

Data Uses

- Changes in utilization and practice
 - Diagnoses, tests/procedures, prescribing
- Quality of care
 - Impact of performance measures and educational campaigns
 - Healthy People 2010 & 2020 objectives
- Health disparities
- Condition-specific rates
 - Chronic conditions
 - InjuriesImpact of ICD-10: Ambulatory Operations

Training

Train field representatives to record more detail for diagnosis and procedures verbatim fields

Recruitment

Physician groups and hospitals may be reluctant to participate because of ICD-10-CM/PCS implementation demands

Coding the data

Contractor must train staff to code verbatim diagnosis and procedure data into ICD-10-CM/PCS

Impact of ICD-10: Ambulatory Operations

□ Training

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Dual-Coding ICD-9 and ICD-10

- Last quarter of 2014 verbatim data coded into both ICD-9 and ICD-10
 - Diagnosis
 - Procedures
 - Cause of injury
- Issues identified
 - Lack of specificity in verbatim (no text describing severity/laterality)
 - Difference in codes available
 - e.g. Cellulitis and abscess
 - 1 code in ICD-9; 2 in ICD-10

Impact of ICD-10: NHCS Operations

□ Recruitment:

Reluctance to participate because of ICD-10 implementation demands on IT staff

□ Sampling of ED and OPD visits:

- Update diagnoses codes for sampling ED substanceinvolved visits
- Update diagnoses codes for sampling OPD nonprocedure visits

Impact of ICD-10: Data Analysis

- □ Educate staff
- Convert thousands of diagnosis and procedure codes from ICD-9-CM to ICD-10-CM/PCS
 - Examples:
 - Coronary atherosclerosis
 8 ICD-9-CM codes (414.00-414.07)
 40 ICD-10-CM codes (forward and backward coding)
 - Angioplasty

1 ICD-9-CM code (39.50) 854 ICD-10-PCS codes (forward and backward coding)

Impact of ICD-10: Data Analysis (Cont.)

- Update data processing, data check, and data analysis computer programs
- □ 2015 estimates:
 - 12 months of data with ICD-9-CM codes and 3 months with ICD-10-CM/PCS codes
- Trend analysis:
 - Develop inpatient and ambulatory crosswalks from ICD-9-CM to ICD-10-CM/PCS
 - Top 20 diagnoses and procedures?
 - Top 100 diagnoses and procedures?

Impact of ICD-10: Data Dissemination

- Develop new web tables and publication templates
- Release web tables and publications in a timely manner
- □ Educate data users:
 - Develop documentation for public use files
 - Develop documentation for trend analyses

Thank you!