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Cracking the Code on Coding Productivity

*AHIMA white paper shares milestones learned
from ICD-9-CM to ICD-10-CM/PCS; looks ahead to what's coming*

CHICAGO – January 28, 2019 – With ICD-10-CM/PCS fully in place from the healthcare industry's perspective, leaders in health information management (HIM) departments continue to assess its success and functionality. As the industry looks ahead to where coding productivity will go next, HIM leaders must measure its progress, as coding plays a huge role in controlling costs, structuring risk management, ensuring quality care, among other issues in the broader healthcare landscape.

Performance measurement, or benchmarking, is a key determinant of achieving optimal coding productivity and the focus of a newly published white paper from the American Health Information Management Association (AHIMA) entitled *Measuring and Benchmarking Coding Productivity: A Decade of AHIMA Leadership*. The white paper outlines AHIMA's review of how coding has evolved, beginning with ICD-9-CM, the transition to ICD-10 and looking ahead to what the healthcare industry can expect next in coding and documentation.

"By leading the transition from ICD-9 to ICD-10, AHIMA and our members saw the growing demand for high-quality data to support patient safety and reduce healthcare costs and continue to develop best practices to meet the demand," said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. "Benchmarking where we've been against where we are now allows us to look at how coding affects the various sectors of the healthcare industry, and ultimately lets us pave the way for the future of coding productivity."

Setting the Stage: ICD-9-CM

The white paper outlines a timeline of the implementation from ICD-9 to ICD-10, identifying that a key part of setting the stage for this transition was first evaluating the productivity of ICD-9 to create a benchmark for ICD-10. To do so, AHIMA established the following attributes to increase the likelihood of achieving optimal coding productivity:

- High-quality, consistently available, high-speed and secure network access to needed data sources and repositories
- Ease of access to data, as well as the availability of that data in a single source, i.e., the electronic health record (EHR), versus data that must be accessed from multiple sources

- Data presented in a narrative structure versus documentation segregated by clinician or data type
- Timely transcription of, completion of, and access to necessary documentation, written orders, results, and reports
- Online/mobile access to relevant, timely coding materials; edit guidance; and access to an encoder coupled with reference material
- Access to at least quarterly coding-oriented professional development

In 2007, AHIMA reflected upon these best practices to set benchmarks for coding productivity with ICD-9 in various settings, from inpatient facilities to emergency departments, as a means to measure the success of the upcoming ICD-10.

Coding's present state: ICD-10-CM/PCS

Three years post implementation of ICD-10 HIM professionals were able to use the established benchmark practices to conduct studies of coding productivity thus far, including:

- An ICD-10 study examining average inpatient coding times from more than 150,000 medical records in a five-month period beginning in October 2015, showing an initial dip in coding productivity immediately following the transition and increasing gradually in the weeks following.
- A study evaluating more than 165,000 patient records beginning in March 2016 further noting an increase in coding productivity over a five-month span.
- A survey to gather insights via phone from 156 HIM professionals, finding approximately 74 percent indicated a change in productivity, 31 percent of which indicated an increase.

Using these results, AHIMA has provided multiple coding standard examples for ICD-10 in order to evaluate coding's next phase.

Looking ahead: ICD-11

AHIMA continues to conduct research to address numerous points of coding productivity in various settings, such as outpatient, emergency room, home care, long-term/post-acute care and more. The organization will also look at characteristics of the coder such as education, experience, incentives and credentials, in order to ensure success for the HIM profession.

"With ICD-11 on the horizon, AHIMA is prepared to lead the way through ongoing research related to current and future versions of ICD and how they can help improve coding productivity, accuracy and quality," said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. "In this way, accurately benchmarking coding productivity helps contribute to the long-term sustainability of the greater healthcare landscape."

About AHIMA
The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for high quality research, best practices and effective

standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. **www.ahima.org**