ICD-10: An Invitation to Collaborate
August 8, 2012
Mark Jahn, Vice President - Healthcare Practice
Atrilogy Solutions Group, Inc.

DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.

Today’s Speaker

• Over 20 years of Healthcare IT Experience
• Vice President - Healthcare Practice at Atrilogy
• Instrumental in forming and leading the Minnesota ICD-10 Collaborative in 2010 and 2011
• Past presentations:
  - HIMSS: ICD-10: Closer Than You Think
  - HIMSS: ICD-10: Roadmap for Success
  - HFMA: ICD-10: Financial Impact Analysis
• Publications:
  - Medical Records Bulletin, September, 2012
  - National ICD-10 Collaborative Study, August, 2012

Webinar Logistics

• Phone lines will be on mute
• Discussion will occur near the end
  – Raise your hand if you want to speak
• Three WebEx polling questions will be used to gather feedback
• Submit other questions through WebEx
• There will be a feedback survey upon completion of this webinar
WebEx Polling Question #1:

What is your role in your organization’s ICD-10 effort?

Background

• Industry observations:
  – Increase in the number of states or regions launching ICD-10 collaboratives
  – Resurgence in ICD-10 Collaborative activities planned for this fall

• Local interest:
  – Interest from payers, providers and state associations
  – HIMSS and HFMA chapters support raising ICD-10 Collaborative as a regional topic

ICD-10 Impacts on the Healthcare System
Key Questions to be answered during the webinar

• What is the definition of a collaborative?
• How is an ICD-10 Collaborative organized?
• What value does a collaborative provide?
• What is a typical ICD-10 Collaborative startup process?
• Should Southern California start an ICD-10 Collaborative?

What is the definition of a Collaborative?

Definitions:
1. Cooperative arrangement in which two or more parties (which may or may not have any previous relationship) work jointly towards a common goal.
2. Effective method of transferring knowledge among individuals.
3. To work together, especially in a joint intellectual effort.

ICD-10: Three constituents

Vendors  Providers  Payers

ICD-10 Finish line
ICD-10 Goals

Providers
1. Mitigate reimbursement risks related to DRG shifting
2. Mitigate cash flow risks
3. Minimize workflow impacts
4. Minimize implementation costs
5. Keep physicians happy and connected
6. Support future contract negotiations
7. Minimize go-live issues

1. Provide innovative solutions (e.g., CAC, diagnosis assistant, documentation checker, training, etc.)
2. Support integration with 3rd party software solutions (e.g., Mapping tools, etc.)
3. Don’t get replaced

Vendors

Payers
1. Mitigate any payment risks with DRG shifting (higher and lower weights)
2. Minimize disruption to the business cycle/go-live issues
3. Minimize implementation costs
4. Support future contract negotiations and reimbursement schemes

ICD-10 Collaborative Example

Mission: To identify and evaluate opportunities to minimize the disruption in health care billing, reporting, and related processes for a variety of stakeholders in the health care industry in connection with the ICD-10 conversion.

Area of highest value: Testing Collaboration

Minnesota ICD-10 Collaborative - Organization

Co-Chairs:
- Provider (1)
- Payer (1)

Operations Committee meets monthly

CIOs from 3 major health plans provided the initial stimulus
Known states with ICD-10 Collaboratives

Red/shaded states have some type of ICD-10 Collaborative. Other ICD-10 Collaboratives may exist.

2012 National ICD-10 Collaborative Study

Q: If given the option again, would you still start an ICD-10 Collaborative?
A: 100% indicated that they would definitely start an ICD-10 Collaborative again.
Q: Describe how your ICD-10 Collaborative is organized?

- Hospital Association Led: 67%
- Steering Committee: 33%
- Vendors Included: 33%
- Professional Organizations Included: 100%
- Outreach Programs: 17%
- Member Fees: 67%
- Work Groups: 2

Q: Describe your membership?

- Minnesota:
  - 25 organizations
  - Larger providers and payers, state agencies
- Wisconsin:
  - 21 organizations
  - Broadest set of participants
- Massachusetts:
  - 50 organizations
  - Largest payer & provider participation
- Maryland:
  - 20 organizations
  - Challenges: vendor participation and payer readiness
- North Carolina:
  - Largest: 72 organizations
  - Broad participation
  - Large # of vendors
  - Vendor information sessions
  - Largest association participation
  - One payer: BCBS
- Idaho:
  - Early stage
  - 20 organizations
  - Volunteer based
  - Medicaid outreach

ICD-10 Collaborative Organization - Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>MA</th>
<th>MD</th>
<th>Mass.</th>
<th>Minnesota</th>
<th>NC</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Co-Chairs</td>
<td>Chair</td>
<td>Chair</td>
<td>Co-Chairs</td>
<td>Co-Chairs</td>
<td>Chair</td>
</tr>
<tr>
<td>Steering Committee?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hospital Association Led?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Providers?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Payers?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vendors?</td>
<td>No</td>
<td>Yes</td>
<td>Limited</td>
<td>No</td>
<td>Yes</td>
<td>Limited</td>
</tr>
<tr>
<td>Professional Organizations?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Limited</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Outreach Program?</td>
<td>Yes - Medicaid</td>
<td>No</td>
<td>Yes – indirectly</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td># of Work Groups</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
ICD-10 Collaborative Organization - Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>Idaho</th>
<th>Maryland</th>
<th>Mass.</th>
<th>Wisconsin</th>
<th>North Carolina</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Organizations</td>
<td>20</td>
<td>20</td>
<td>50</td>
<td>25</td>
<td>72</td>
<td>21</td>
</tr>
<tr>
<td>Individual Contributors</td>
<td>25</td>
<td>40</td>
<td>160</td>
<td>117</td>
<td>124</td>
<td>25</td>
</tr>
<tr>
<td>Enrollment Type</td>
<td>Open</td>
<td>Open</td>
<td>Member of Host Org.</td>
<td>Invitation + application</td>
<td>Open*</td>
<td>Open</td>
</tr>
<tr>
<td>Funding Source</td>
<td>Volunteer based</td>
<td>Host</td>
<td>Host</td>
<td>Member Fees</td>
<td>Member Fees</td>
<td>Host</td>
</tr>
<tr>
<td>Member Fees?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>External Facing Website?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: *+= task force requires membership

Q: What is the value of an ICD-10 Collaborative?

Enhance communications / degree of interaction
Address high risk areas collectively
Reduce duplication of effort
Align schedules

Q: What is the value of an ICD-10 Collaborative?

Bring vendors into the ICD-10 discussion
Negotiate lower fees for common products/services.
Work on solutions that leverage ICD-10 benefits
Provide support to smaller providers
Q: Was there reluctance to participate?

“Competition was an issue in the beginning, but no longer an issue after members saw the benefits outweigh the risks.”

“Most participants keep the conversation generic.”

No longer a concern or issue in most states.

Q: What advice would you give healthcare leaders in Southern California?

Start Now!

Should Southern California start an ICD-10 Collaborative?
The Challenge:
What is the best way to get all three constituents to work on ICD-10 together?

Choices

Continue to work on ICD-10 individually, struggle with the ICD-10 challenges one-by-one.

Work together and leverage joint experiences to minimize costs/disruption and work on maximizing benefits from ICD-10.

ICD-10 Collaborative Development Model

Note: Duration estimates are based on prior experience
ICD-10 Collaborative

1. Secure executive sponsorship and endorsement
2. Define Mission/Goals/Expectations
3. Decide and engage a host organization early
4. Start with a core group; then expand
5. Have CMS join meetings
6. Bring outside speakers in to supplement discussions
7. Include professional organizations and associations
8. Obtain administrative and facilitation support
9. Include Payers, Providers and Vendors

Lessons Learned

Decisions, decisions, decisions ...

- What types of organizations should participate?
- What regions/counties should be included?
- Are we large enough to have multiple collaboratives?
- Who should be the host organization?
- What implementation barriers/obstacles exist?
- What should be our mission, objectives, and deliverables?
- Should membership be open or by invitation?

Discussion:

What value could an ICD-10 Collaborative bring to the Southern California healthcare market?

Note: Raise your hand if you desire to speak, we will unmute/mute your line.
WebEx Polling Question #2:

Will an ICD-10 Collaborative bring value to the Southern California Healthcare market?

Discussion:

Should Southern California start an ICD-10 Collaborative?

Note: Raise your hand if you desire to speak, we will unmute/mute your phone line.

WebEx Polling Question #3:

Should Southern California start an ICD-10 Collaborative?

Note: one response per organization
Suggested Next Steps – Fall/2012

• Interested provider and payer organizations identify and appoint an organization representative as the point person.
• Hold meeting to continue discussions, develop conceptual design and budget.
• Present the design for feedback and approval.

Contact Information

Mark Jahn
Vice President Healthcare Practice
Atrilogy Solutions Group
Direct: 949-777-4729
Cell: 612-850-9510
MJahn@Atrilogy.com

Thank you and recognition of interviewees