

ICD-10 Project Management, Benchmarking and Data Analytics

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Agenda

- Project Management Process and Terms
 - Stakeholders
 - Project Manager Skill Set
 - Project Roles
 - Knowledge Areas
 - Process Groups
 - Risk Management
 - Communication Management
- ICD-10 Implementation Project Management

Basic Project Management

- **Project Management** coordinates a set of tools and techniques to describe, organize, and monitor the work of project activities which are performed by people.

Process

- Inputs, Outputs and Tools/Techniques combined to execute a specific purpose on the project

Stakeholders

- Individuals, businesses, or communities that have a vested interest in the project's outcome. Project stakeholders are generally involved in the project process and their expectations drive the project requirements.
- Key Stakeholders
 - Project manager Manages the project
 - Project team The collection of individuals completing the project work
 - Project Sponsor Authorizes the project work and budget

Project Manager's Management Skills

- Leading
- Communicating
- Negotiating
- Problem Solving
- Influencing
- Jack of all Trades

Project Roles

- Senior Management

- Issues Strategic plans and goals, ensures company's projects are aligned with company goals
- Maybe called upon to resolve conflicts within the organization.

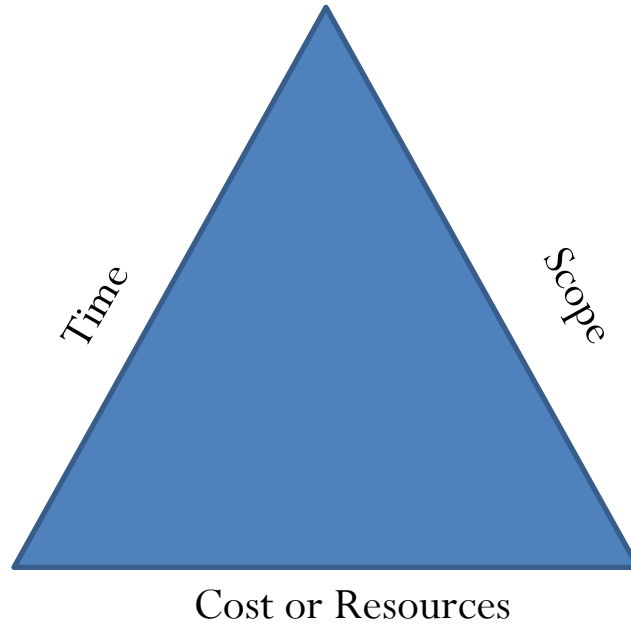
- Functional Manager

- Departmental Manager, i.e Manager of Engineering, Vice President of Marketing, Director of IT

- Project Office

- Department that supports the PM in His/Her roles.
- Defines best practices, defines standards, Maintains Lesson Learned

Triple Constraint



Process Groups and Knowledge Areas

47 Process organized
into 5 Process Groups

1. Initiation
2. Planning
3. Execution
4. Control
5. Closing

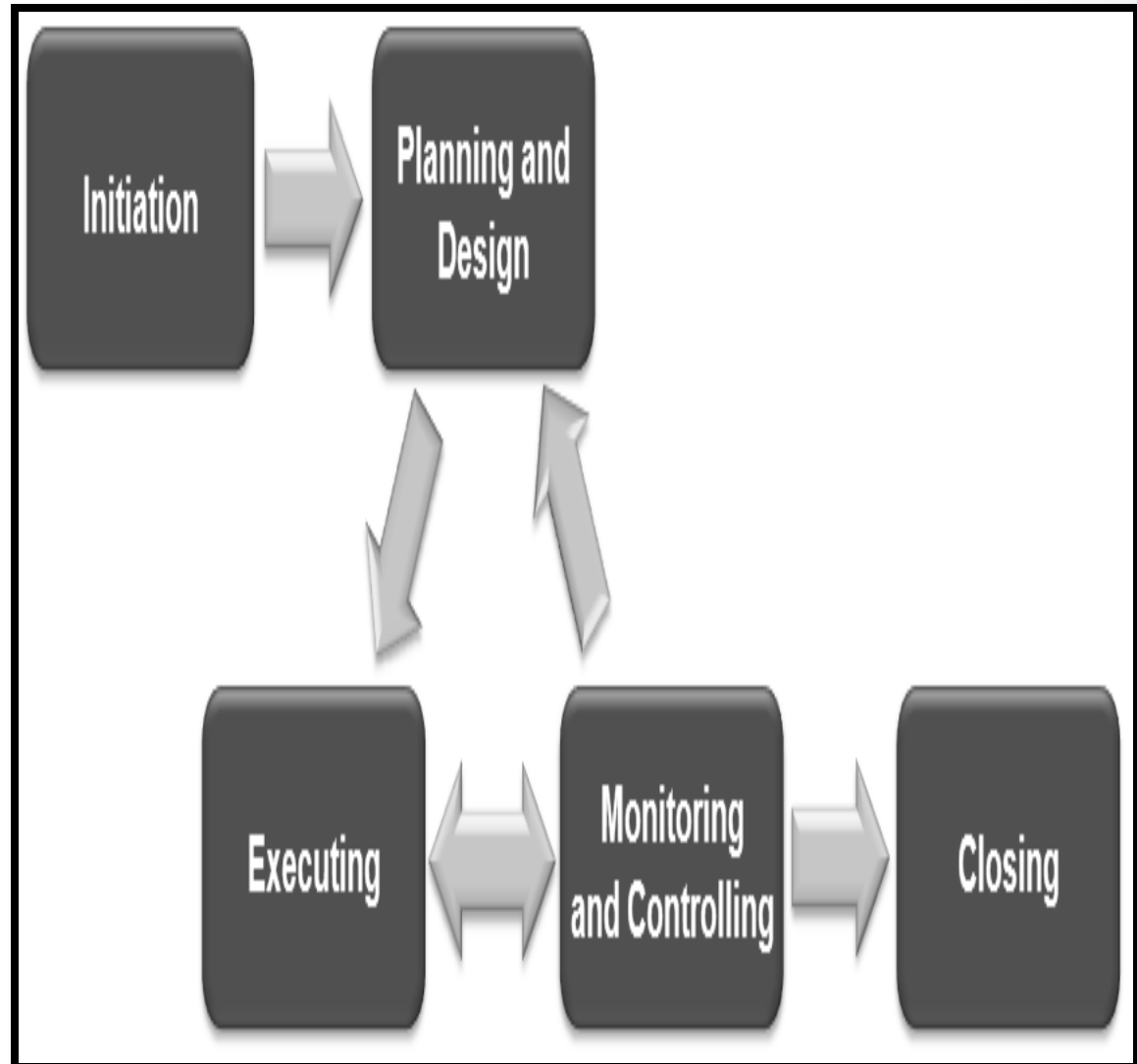
Knowledge Areas

1. Integration Management
2. Scope Management
3. Time Management
4. Cost Management
5. Project Quality Management
6. Human Resources Management
7. Communications Management
8. Risk Management
9. Procurement Management
10. Stakeholder Management

Project Management Process Groups

- Project Authorized

- Planning Project objectives are determined.
- Executing The project
- Controlling Project Performance
- Closing The project



Risk Management

The process of conducting risk management planning, identification, analysis, response planning, and monitoring and control on the project.

Process Name	Process Group	Key Outputs
Plan Risk Mgt, Identify Risks, Qualitative Risk, Quantitative Risk, Plan Risks response	Planning	Risk Management Plan, Risk Register, Risk register updates
Control Risks	Monitoring and Controlling	Risk register updates, Change Requests

Plan Risk Management

- Risk Probability and Impact Assessment
 - The likelihood that each specific risk will occur, level of probability
 - Investigate the potential effect on the project, Cost, Schedule, Quality, Performance, Positive or Negative
- Analytical Techniques
 - Cause and Affect
 - System or Process flow Charts
- Outputs
 - Risk Management
 - Create a contingency plan for how each risk will be handle
 - Avoid-eliminate the risk entirely
 - Mitigate- reduce the probability of the risk event

Communication Management

The processes required to ensure timely and appropriate generation, collection, distribution, storage, retrieval, and ultimate disposition of project information.

Process Name	Process Group	Key Outputs
Plan Communications Management	Planning	Communications Management Plan
Manage Communications	Executing	Change request
Control Communications	Monitoring and Controlling	Performance Reports, Change request

Planning Communications

- **Communication Methods**
 - Informal Written
 - Email, Memorandums
 - Formal Written
 - Contracts, Project Documents, Legal Notices
 - Informal Verbal
 - Meetings, phone calls, Water cooler, lunch rooms
 - Formal Verbal
 - Presentations, Speeches
 - Push- Email Blast
 - Meetings

ICD-10 IMPLEMENTATION PROJECT MANAGEMENT

FUNCTIONS AND APPLICATIONS IMPACT

ICD-10 Provider Business Impact Areas



People



Systems



5010/ICD-10: Provider Functions/Applications Impact

Patient Access

Central, ED, Ancillary & Ambulatory registration
Scheduling
Admitting/Discharge/Transfers
Referrals/Authorizations/Pre-Cert
Home Care Registration
Behavioral Health Scheduling
Hospital Owned MD Practices
Clinics

Clinical and Ancillary

Physician & Nurse documentation (paper/electronic/hybrid)
Ancillary and support services documentation
Order entry & results
Workflow within EMR
Case management
Clinical registries and research
Workflow/transfers between clinical units

Health Information Management

Coding and abstracting
Deficiency tracking
Claim edit work lists
NCCI/LMRP edits
Encoding and grouping
Physician Query
Clinical Documentation Improvement

Patient Financial Services

Charge entry
Payer/Clearinghouse edits
Contracting & Credentialing
Facility & Professional billing
Follow up and denial management
Claims Status

Analytics and Reporting

Quality/Outcomes reporting
Financial/Revenue reporting
Public Health reporting
Federal and state reporting
Data Warehouse
ICD-9 to ICD-10 mapping and translation

Strategic Initiatives

Implementation of new business and/or clinical systems
Transition to paperless environment
Opening of new facility
Narrowing of IT Vendor Portfolio
Implementation of computer-assisted coding

Organizational Support: Project Management - Education and Training - Compliance - IT

ENTERPRISE WIDE IMPACTS

EDUCATION AND IT SYSTEMS

Organizational Support – Education and Training & IT

Physician Education

- Phase 1 - Mandatory
- Phase 2 – Specialty Specific, Mandatory
 - Consequence for non-compliance

Enterprise Education

- Advanced Learners
- Intermediate Learners
- General Knowledge Learners

Vendor Supported Systems - IT

System	Business Unit	ICD-10 Vendor Supported*	ICD-10 Ready per Vendor	Comments
	Process Improvement	Yes		
	Behavioral Health	Yes	By 10/15	
	Pathology	No	No	Contingency Plan
	Nursing/OB	Yes	Requires Build	
	IT Interface Engine	No		
	Management Services	No	10/1	Alpha/Beta to ED to test
	IT	Yes	Yes	
	CDI	Yes	Yes	
	Revenue Cycle	Yes	June	
	Homecare	Yes	Yes	
	ER	No	June	

BUSINESS UNIT IMPACTS HOSPITAL

ICD-10 Provider Business Impact Areas

Organizational Support: Project Management - Education and Training - Compliance - IT

Patient Access	Clinical and Ancillary	Health Information Management	Patient Financial Services	Analytics and Reporting	Strategic Initiatives
<ul style="list-style-type: none"> Central, ED, Ancillary & Ambulatory registration Scheduling Admitting/Discharge/Transfers Referrals/Authorizations/Pre-Cert Home Care Registration Behavioral Health Scheduling Hospital Owned MD Practices Clinics 	<ul style="list-style-type: none"> Physician & Nurse documentation (paper/electronic/hybrid) Ancillary and support services documentation Order entry & results Workflow within EMR Case management Clinical registries and research Workflow/transfers between clinical units 	<ul style="list-style-type: none"> Coding and abstracting Deficiency tracking Claim edit work lists NCCI/LMRP edits Encoding and grouping Physician Query Clinical Documentation Improvement 	<ul style="list-style-type: none"> Charge entry Payer/Clearinghouse edits Contracting & Credentialing Facility & Professional billing Follow up and denial management Claims Status 	<ul style="list-style-type: none"> Quality/Outcomes reporting Financial/Revenue reporting Public Health reporting Federal and state reporting Data Warehouse ICD-9 to ICD-10 mapping and translation 	<ul style="list-style-type: none"> Implementation of new business and/or clinical systems Transition to paperless environment Opening of new facility Narrowing of IT Vendor Portfolio Implementation of computer-assisted coding

ICD-10 HIM Coding & CDI Implementation project plan

Business Unit	Business Group	Task #	Task Name	Start	Finish	Progress	Resource Name	Comments	Dependencies
Hospital	CDIS and HIM/Coding	5	Dual Coding						
Hospital	CDIS and HIM/Coding	5.1	Develop Dual Coding Timeline			In Progress			
Hospital	CDIS and HIM/Coding	5.3	Identify medical records for dual coding (high dollar/high volume)			In Progress			
Hospital	CDIS and HIM/Coding	5.4	Identify feedback mechanism to CDS and physicians during dual coding			In Progress			
Hospital	CDIS and HIM/Coding	6	Coding Resources						
Hospital	CDIS and HIM/Coding	6.1	Review current coding productivity and determine additional coding needs			Complete			
Hospital	CDIS and HIM/Coding	6.3	Determine coder retention strategy (Bonus, education money, remote coding, etc)			Complete			
Hospital	CDIS and HIM/Coding	6.4	Identify resources required to allow for remote coding			In Progress			
Hospital	CDIS and HIM/Coding	6.5	Assess impact of decreased productivity and AR			In Progress			

ICD-10 Implementation project

Business Unit	Business Group	Task #	Task Name	Start	Finish	Progress	Resource Name	Comments	Dependencies
Hospital	CDIS and HIM/Coding	6.6	Determine contingency plan for decreased production			In Progress			
Hospital	CDIS and HIM/Coding	6.7	Preform analysis of coder productivity decrease (2 parts)			In Progress			
Hospital	CDIS and HIM/Coding	6.8	1. Productivity decrease pre-GoLive (ICD-10 training/education including dual coding)			In Progress			
Hospital	CDIS and HIM/Coding	6.9	2. Productivity decrease post-Go Live			Delayed			
Hospital	CDIS and HIM/Coding	6.19	Assess ICD10 accuracy & production following module education			In Progress			
Hospital	CDIS and HIM/Coding	6.21	Review query process and forms (work with CDS to standardize)			In Progress			
Hospital	CDIS and HIM/Coding	6.22	Analyze query reasons and volume compared to CDS team for targeted education campaign			In Progress			

IDENTIFYING & MEASURING RISK

BUSINESS UNIT AND BUSINESS GROUP SPECIFIC

Contingency Planning

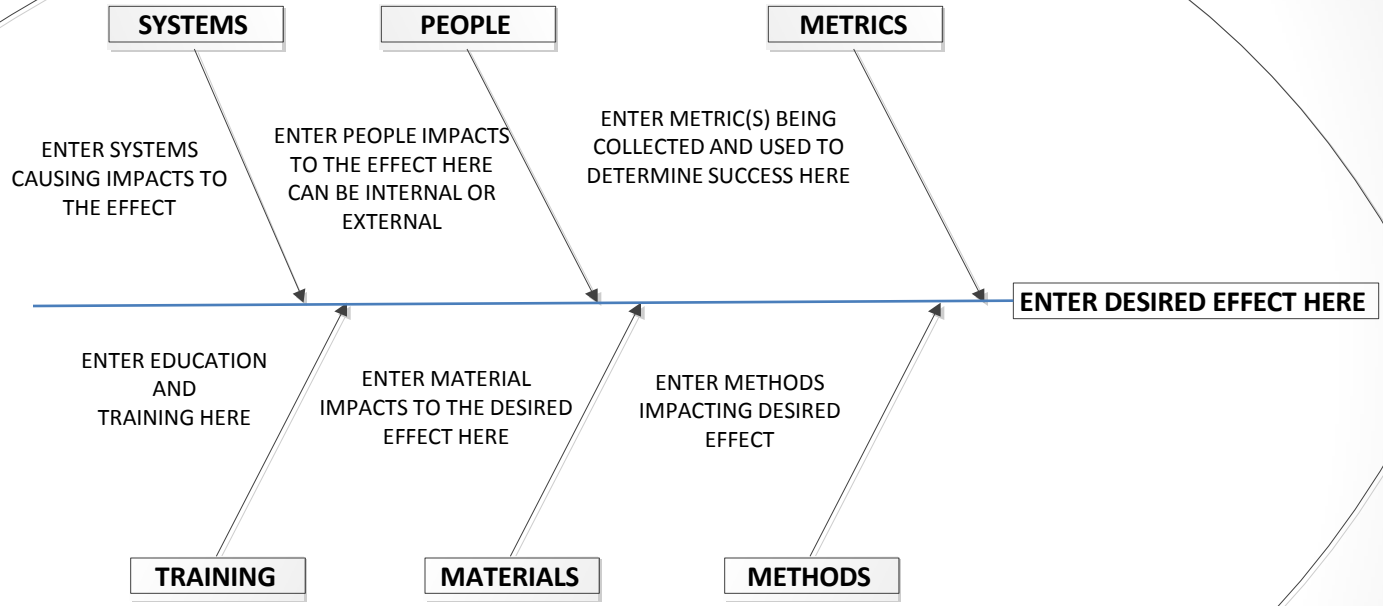
Business Unit	Business Group	Task #	Metric	Measurement	Primary Driver	Primary Impact	Process Management	Phase	Threshold Impact	Risk Probability
Hospital	HIM		DNFB (Discharge Not Final Billed) - Inpatient	# of days						
Hospital	HIM		DNFB (Discharge Not Final Billed) - Outpatient	# of days						
Hospital	HIM		Coder Productivity (will feed into DNFB value)	# per day/# per week						
Hospital	HIM		Queries - Concurrent	#: length of time to respond; financial impact						
Hospital	Central Scheduling		Length of Scheduling Time	minutes						
Hospital	Central Scheduling		Call Abandoned Rate	% of calls						
Mgmt Svcs	Physician Billing		Claim Drop	# days						
Mgmt Svcs	Physician Billing		Denials by transaction code	% billed out						

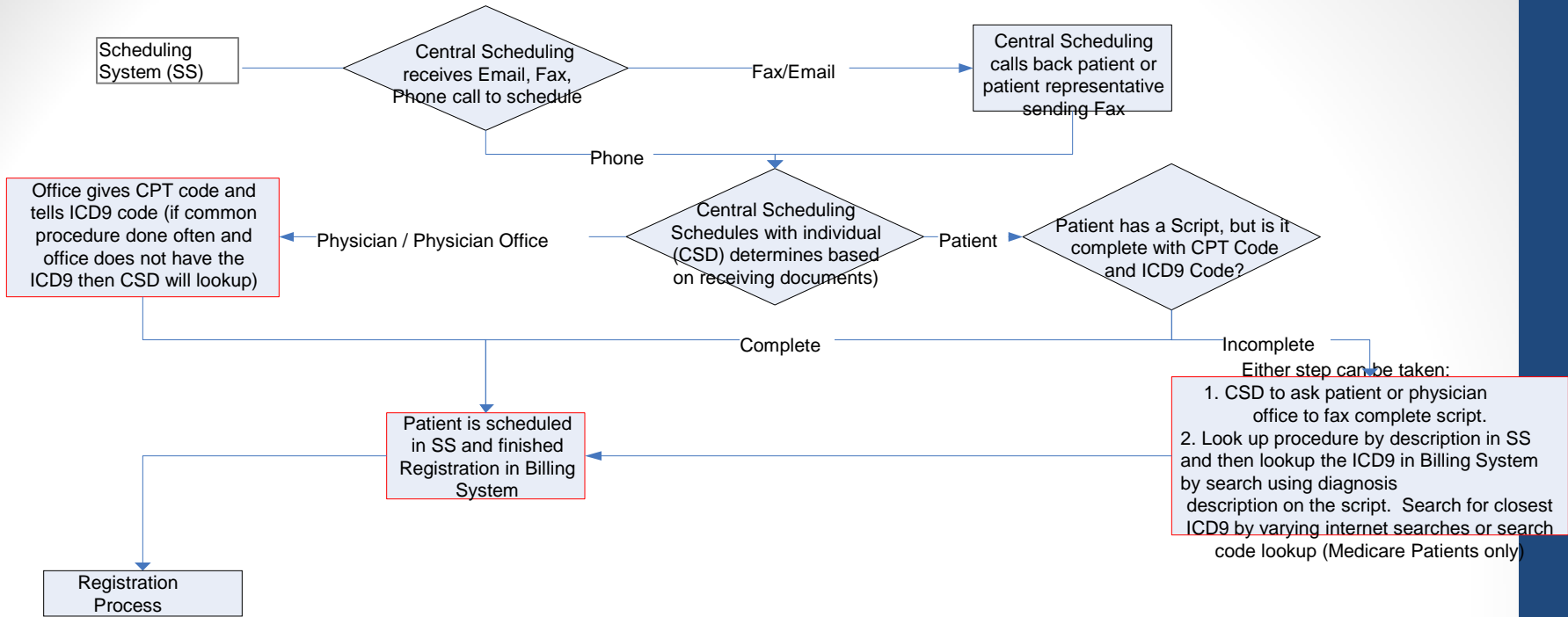
Contingency Planning Continued

Primary Driver	Primary Impact	Process Management	Phase	Threshold Impact	Risk Probability
E H R - CDI	Content	Workflow Redesign	Pre-I10 Mitigation	NA	High
Mgmt SVC – Claim Drop - Days	Transactional	Overtime	Transitional	5%	High

Content	Patient Care/Patient Satisfaction	Overtime	Transitional (Oct-Dec 2015)	5%	High
	Cash flow	Contract Help	New Environment (Jan-March 2016)	10%	Medium
Transactional	Business Process	New Hire	Pre-10/1/15 Mitigation	15%	Low
		Education		20%	
		Workflow Redesign		25%	
				30%	

BU NAME HERE





Process Step Impacted by ICD10

Practice Manager toolkit

- **General Overview Folder**
 - AAFP ICD-10 Timeline
 - AAFP ICD-10 FAQ
 - ICD-10 Tips from PHCS
 - The Road to ICD-10 Flyer
 - AMA ICD-10 Project Plan Template
- **Educational Tools Folder**
 - Precyse University ICD-10 Physician Office Solution Brochure
 - Precyse Catalog of ICD-10 Courses
 - ICD-10 Precyse Apps for Physicians
- **Resources Folder**
 - Free Resources
 - ICD-9 to ICD-10 Crosswalk of Most Common ICD-9 Diagnosis 10
 - AAFP Superbill ICD-10 Form
 - Resources available for a fee
 - ICD-10 Resources Document
 - Optum ICD-10 GEM Mapping Book
 - AAPC practice Mgmt ICD-10 specialty cards codes

DUAL CODING

ICD10 Dual Coding – Population

Hospital

- Inpatients
- Bedded Outpatients
- Invasive/Interventional Outpatients
- Emergency Room

Behavioral Health

- Inpatients

Dual Coding – Sample Selection

- Coders are directed to take 5 records of their daily work assignment per day to code in ICD9 and ICD10.
- Emergency Room coders are directed to take 10 records of their daily work assignment per day to code in ICD9 and ICD10.
- Criteria provided on service selection approach.

ICD10 Dual Coding - Methodology

- Industry models for dual coding:
 - Simultaneous Dual Coding by an Individual Coder
 - Dual Coding of One Record by Two Coders
 - Dual Coding and Inter-rater Reliability (several coders, one record)
 - Use of Temporary Staff for Dual Coding

ICD10 Dual Coding – Data Collection

Each coder maintains a spreadsheet of their ICD10 coded cases, updated daily.

Data Elements Collected:

- ✓ Coder Name
- ✓ MRN
- ✓ Account #
- ✓ Service/Discharge Date
- ✓ Attending MD
- ✓ Coding Date
- ✓ Service
- ✓ LOS
- ✓ ICD9 DRG
- ✓ ICD10 DRG
- ✓ Procedure Performed
- ✓ Total Minutes to Code ICD9
- ✓ Total Minutes to Code ICD10
- ✓ ICD10 DX - Missing Documentation:
CANNOT COMPLETE CODING
- ✓ ICD10 DX - Missing Documentation:
RESULTED IN AN UNSPECIFIED CODE
- ✓ ICD10 PX - Missing Documentation:
CANNOT COMPLETE CODING
- ✓ Coder Commentary (Feedback)

Logging dual coding efforts

LOS	ICD9 DRG	ICD10 DRG	Procedure Performed	Total Minutes to Code (ICD9)	Total Minutes to Code (ICD10)	ICD10 DX - Missing Documentation: CANNOT COMPLETE CODING	ICD10 DX - Missing Documentation: RESULTED IN AN UNSPECIFIED CODE	ICD10 PX - Missing Documentation: CANNOT COMPLETE CODING
2	470	470	TKR	10	25		Not specified the type of OA (erosive, primary, post-traumatic, etc.) Not specified for laterality of OA (in general, not just regarding the knee being operated on). Missing details of knee subluxation (chronic, acute, traumatic, etc.) Not specified type of HTN. Missing cause of CAD (lipid plaque, calcified lesion)	
4	460	460	Spinal fusion	30	30		Missing details of work-related injury to vertebral column prevents accurate choice of external cause of injury codes	
3	475	476	BKA, Removal Hardware	27	45	Hardware removal does not specify what bone it was removed from.	BKA does not give level so unspecified	Hardware removal does not specify what bone it was removed from

Findings - Next Step

Productivity

Documentation

- Feedback to Clinical Documentation Specialist
- Feedback to Physician
- Financial Impact - FTE and DRG Shifts
- Comparison of ICD9 DRG to ICD10 DRG

COMMUNICATING RESULTS

THE GOOD, THE BAD, AND THE UGLY

Meetings

- Executive Sponsor and Oversight – Monthly – PM Leads
 - Power Point Deck with any ASKS
- Sponsor - Bi Weekly – group discussion
 - More Informal – Discuss project status, issues, escalations
- Business Unit Lead – Monthly – PM leads
 - Review Status and Executive Sponsor initiatives – Contingency Planning
- Education Status and Communication - Bi Weekly – support role
- IT Functional and Integrated Testing – Bi Weekly – support role and status tracking
- Ad Hoc - Lead or support all business units with activities and needs

QUESTIONS