Communicating About the ICD-10/ V5010 Transition National Multimedia ICD-10 Campaign

National Committee on Vital and Health Statistics (NCVHS) Industry Preparations for the Updated HIPAA Standards and Code Sets Meeting



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Other rheumatic tricuspid valve diseases

National ICD-10 Campaign

- CMS Office of E-Health Standards and Services (OESS)
- Contractor: Ketchum communication and outreach support for CMS OESS ICD-10/V5010 implementation
- Contract awarded July 2009



Campaign Goals & Objectives

Goals

 Ensure every affected entity successfully transitions to: V5010 (Jan 1, 2012) and ICD-10 (Oct 1, 2013)

Objectives

- Create national awareness
- Engage partners and stakeholders
- Provide targeted educational products
- Assess outreach results



Audience Segments



Considerations

- Quantity and diversity of audiences
- Sub-segmentation based on gaps, location, size, specialty
- Reaching intermediaries, consumers, media



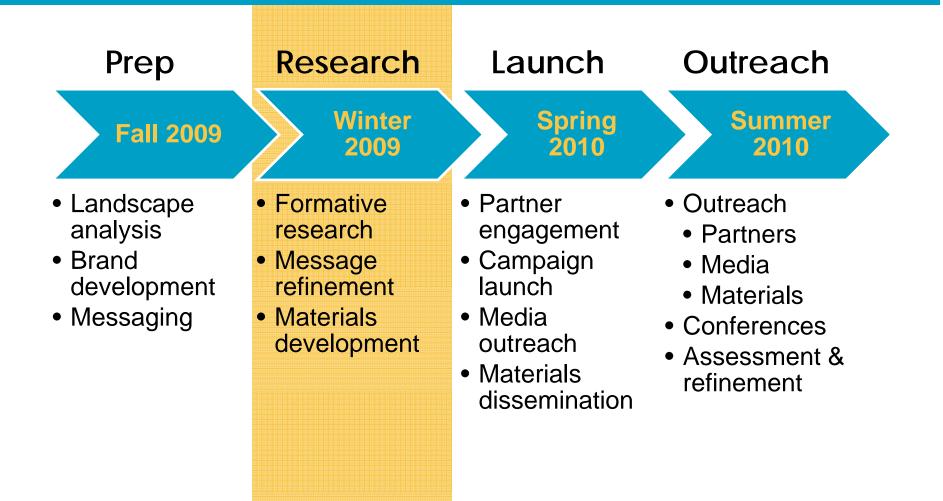
Campaign Elements



Communicating the ICD Evolution PREPARE TO ADVANCE



Year One Timeline





Formative Research: Goals

We wanted to assess:

- Familiarity with ICD-10/V5010
- Response to transition
- Messages, logos and tag lines
- Preferred ways of getting information



Design of Testing

12 Focus groups

- Physicians, medical practice managers, other local providers
- Baltimore, Birmingham, Chicago, Sacramento
- 45 In-Depth interviews (50% completed)
 - Vendors (software developers, billing services)
 - Payers (HMOs, insurance companies, state BCBS)
 - Large providers (pharmacy chains, hospital and health care systems)



Key Conclusions

- Knowledge of ICD-10 is low in small organizations
 - Understanding of V5010 is **extremely low**
- Knowledge is noticeably higher among larger provider, payer and vendor organizations
 - Many have already begun to plan for the transition



Current Attitude

- Small HCPs are taking a "wait-and-see" attitude
 - "We haven't been told about this, and we'll react when we hear about it"
- They expect CMS, vendors, large providers and payers to inform them about the transition and what to do



Reaction to the Transition

Small providers

- Worry about cost, time
- Skepticism
- Paranoia reduction in reimbursement; plan to force other HIT initiatives
- Surprise
- Anger

Large Organizations

Worry about cost, time

Skepticism

Acceptance
Focused on what they need to do
Failure to see need for transition



Benefits vs. Requirements

- Benefits are unbelievable or irrelevant
- Presenting benefits is a **diverting tactic**
- Focusing on benefits distracted from other key messages
 - e.g., The need to take immediate action
- Audiences responded better to acknowledgment of cost in time and money



Key Information

- 1. Key dates
- 2. What they need to do
- 3. Where they can find information
- 4. That information is coming from CMS as a trusted source



How to Communicate

Communicate through both high tech and low tech channels:

High Tech

- Web
- Email
- Webinars/online training

Low Tech

- U.S. mail
- Conference calls
- Hospital to HCPs
- Conferences with in-person training
- CMEs





Three main drivers:

- 1. Low overall awareness
- 2. Low understanding of key dates
- 3. Need/desire for educational resources and support



Next Steps

- Finalize initial materials
- Launch campaign Q1 2010
- Implement ongoing outreach through 2010
- Re-assess efforts and changes in awareness
 - Work with CMS and other contractors
- Revise and refine strategy and tactics



Thank You

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