

National Committee on Vital and Health Statistics Advising the HHS Secretary on National Health Information Policy

NCVHS Standards Subcommittee ICD-11 Update

December 7, 2022

ICD-11 Background



- ICD-11 adopted by World Health Organization (WHO) in 2019
- ICD-11 became effective beginning January 1, 2022
- Three components:
 - Mortality
 - U.S. adoption is a requirement of membership in WHO; non-discretionary
 - Morbidity for U.S. health care and public health
 - Morbidity for U.S. health care billing and payment
 - U.S. adoption would have to be as a HIPAA-mandated medical code set

Goals for the U.S.



- Avoid a repeat of the protracted and costly U.S. transition from ICD-9 to ICD-10 by developing a shared understanding of lessons from the ICD-10 planning process/transition, and differences between ICD-10 and ICD-11.
- Reach consensus on the research questions to be answered to inform evaluation of cost and benefit of transition from ICD-10 to ICD-11 for mortality and morbidity coding – and to identify impacts of not moving to ICD-11 for morbidity.
- Identify key topics and messages to communicate to the industry to foster early stakeholder engagement and preparation for the transition to ICD-11.

Recent NCVHS ICD-11 Activities



- August 2019 NCVHS held an <u>Expert Roundtable Meeting</u>
- November 2019, NCVHS recommended that HHS:
 - Evaluate the impact of different approaches to the transition and implementation of ICD-11 in the United States for mortality and morbidity classification to guide policy and decision-making
 - Provide timely leadership on strategic outreach and communications to the U.S. healthcare industry about the transition to ICD-11
- September 2021, NCVHS recommended that HHS:
 - Conduct research to evaluate the impact of different approaches to the transition to and implementation of ICD-11.
 - Conduct outreach and communicate regularly to the U.S. healthcare industry about the ICD transition.

ICD-11 Proposed Next Steps



- Full Committee vote on establishment of Committee ICD-11
 Workgroup comprised of NCVHS, federal SMEs and other stakeholder experts
- Establish Workgroup Charge & invite members
- Conduct environmental scan of research to date
- Guide development of an Expert Roundtable Meeting to gather experts and stakeholders

ICD-11 Proposed Next Steps: Organize Expert Roundtable Meeting



- Provide national coordinated leadership
- Bring together diffuse independent study efforts with federal SMEs to facilitate collaboration and coordination of current research efforts
- Improve coordination of work with U.S. delegation to WHO on requesting any needed changes to ICD-11 well in advance of U.S. implementation
- Consider a public/private collaborative to coordinate the research agenda identified during 2019 expert roundtable

Overarching goal:

Craft recommendations to inform development of sound U.S. policy for the transition to and implementation of ICD-11.

Likely questions for study to inform ICD-11 policy decisions



Overall, how well does ICD-11 meet U.S. needs as a HIPAA code set?

- What are the benefits of U.S. ICD-11 adoption and implementation?
- What are the costs for U.S. implementation of ICD-11? Not implementing?
- Of the classification codes most used and most needed in the U.S., how many can be managed in ICD-11,
 - Natively with existing stem codes alone?
 - Using post coordinated cluster coding with existing stem codes and extensions?
 - Using cluster coding also including new extensions specific to U.S. needs?
- How does the code set coverage in the above scenarios vary by use case, e.g., for Medicare payment vs CDC reporting vs clinical research studies?