



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

NCVHS Workgroup on Timely and Strategic Action to Inform ICD-11 Policy

Update

April 11, 2024

ICD-11 Background



- **ICD-11 adopted by World Health Organization (WHO) in 2019**
- **ICD-11 became effective** beginning January 1, 2022
- **Three components of ICD-11 use:**
 - 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

Earlier NCVHS ICD-11 Activities



- **August 2019** NCVHS held an Expert Roundtable Meeting
- **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.

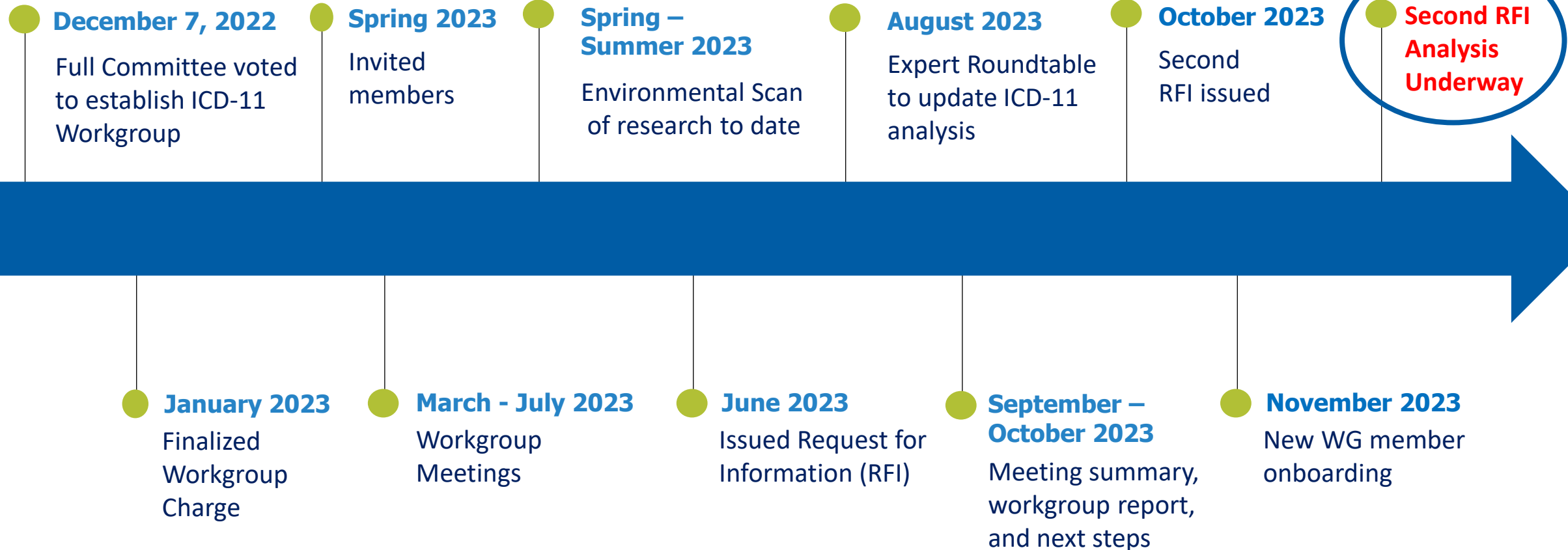
NCVHS Goals for U.S. Implementation



Develop advice/recommendations to HHS regarding adoption of ICD-11 as a HIPAA code set to help HHS and 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 understanding differences between ICD-10 and ICD-11.
- Conduct research to inform a relatively smooth transition from ICD-10 to ICD-11 for morbidity coding.
- Identify work needed to avoid the need for a Clinical Modification.
- Identify key topics and messages to communicate to the industry to foster early stakeholder engagement and preparation for the transition to ICD-11.

ICD-11 Workgroup Timeline

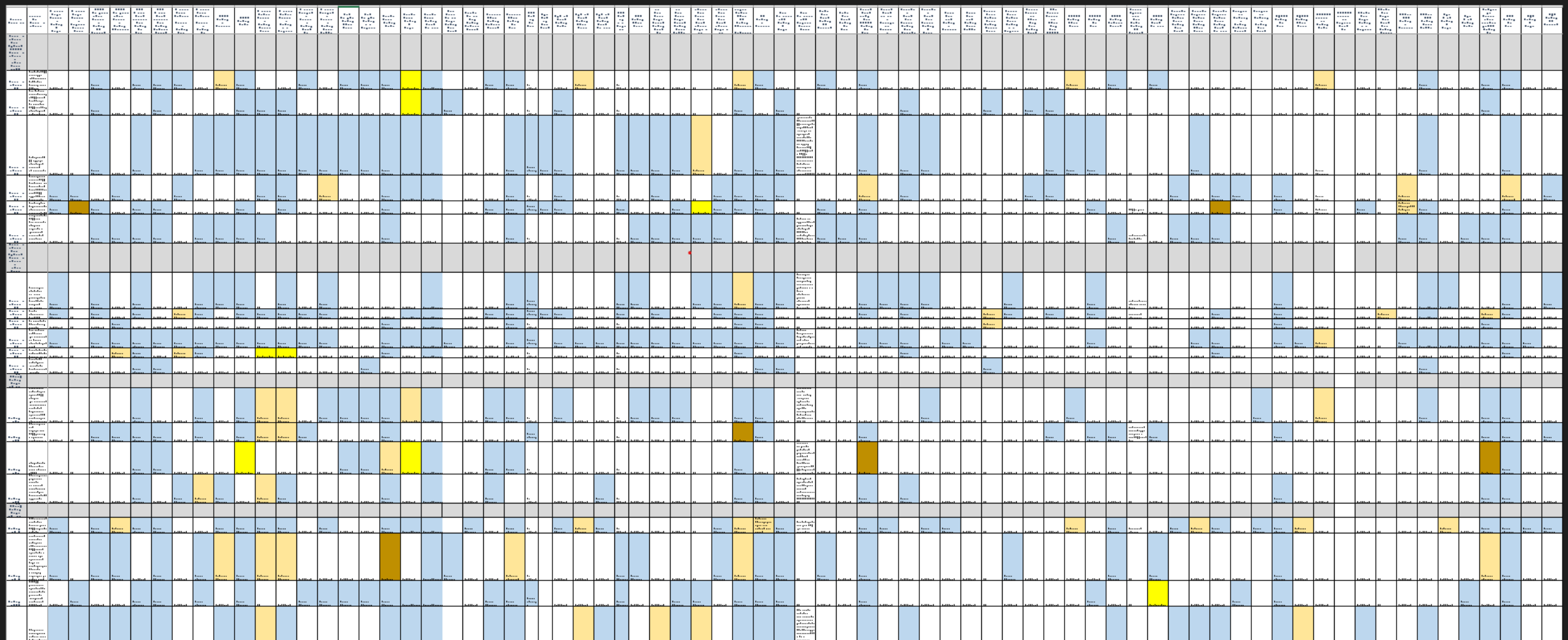


August, 2023 Expert Roundtable Themes



- ICD-11 presents opportunities supporting modernization, potential for burden reduction, and automation for transformation to a 21st century digital healthcare data infrastructure
- Coordinated governance and funding are needed
- ICD-11 maintenance processes will have to be well understood and managed for the U.S.
- More ICD-11 content analysis is needed to assess implementation approaches
- Stakeholder understanding of technical implementation methods and costs is lacking
- The role of ICD-11 in clinical documentation use cases, and other new uses beyond existing ICD-10-CM use cases, should be analyzed more comprehensively
- Education and workforce challenges and changes could be profound

"Heat Map" Work in Process



New RFI Responses Align with Previous NCVHS Recommendations



- NCVHS Recommendations

- Conduct research to evaluate the impact of different approaches to ICD-11, e.g. costs and benefits
- Conduct outreach, communicate, and encourage stakeholders to commence planning for the transition
- Provide education on ICD-11 including how it is designed to work with EHRs in an electronic world

- Workgroup Findings from RFI Responses

- Governance and funding is needed for all aspects of ICD-11 adoption, implementation, and maintenance
 - U.S. ICD-11 governance options should be evaluated for potential to best manage U.S. ICD-11 and coordinate with WHO-FIC
 - An additional national ICD-11 research agenda requires coordination and federal funding to optimize value and reduce costs
- There is strong interest, and willingness to engage in ICD-11 planning, from organizations across the spectrum of health care, wellness, academia, public health, and health care financing
- Additional research is needed on benefits, costs, and impacts of ICD-11
- Artificial intelligence and automation in ICD-11 implementation deserve extra attention for potential burden reductions and quality improvements
- ICD-11 transition needs strategies for pilot testing, education, and communications

New/Expanded Themes, Benefits, and Challenges (1 of 3)



- If a U.S. clinical modification of ICD-11 is not developed, ICD-11 governance and maintenance processes will need to be established to ensure U.S. needs are met.
 - Respondents expressed concerns about relinquishing control of reimbursement coding to WHO, and WHO's adequacy to meet U.S. needs e.g. for timely responsiveness. Also, U.S.-specific rules and coding guidance will need to be developed, and users will need to be trained.
 - Respondents lack sufficient knowledge and understanding of ICD-11 to evaluate how or if, at present, ICD-11 can reflect U.S. cultural issues and question its ability to meet specific U.S. data needs
- To gain the support of key stakeholders in health care payment processes for a transition to ICD-11, demonstration of a financial return on investment will be very important
 - Realistic cost/burden estimates as well as solid evidence of benefits will be needed
- ICD-11 presents a range of new challenges
 - The different structure of ICD-11 vs ICD-10 and the knowledge gap it creates (e.g. understanding how to implement post-coordination) raise fundamental change management issues, technical issues, human resource issues, cost issues, and questions – together comprising a host of new unknowns

New/Expanded Themes, Benefits, and Challenges (2 of 3)



- 37% of RFI respondents identified benefits of a transition to ICD-11, 9% saw no benefits, while 54% either do not know yet or did not address benefits.
 - Benefits vary by stakeholder: Those using ICD-10-CM for billing/payment may not need ICD-11 today, but those using ICD-10-CM for health equity, social, or community health needs may find benefits to ICD-11
- Some benefits are conditional depending on use cases and specific implementation options
 - If ICD-11 is automated in the EHR it could reduce provider burden, improve timeliness of documentation, improve public health reporting, increase coding accuracy, improve coding productivity, lower labor costs
 - Using ICD-11 to increase diagnostic granularity, along with clustering to identify relationships, could improve value based and accountable care methods, and improve measurement of quality, safety, and equity in health care.
- Other benefits are indisputable
 - Keeps current with medical science and practice; improves statistical analysis, international comparability, research, and surveillance; greater precision, flexibility, and timeliness; lower software and other costs

New/Expanded Themes, Benefits, and Challenges (3 of 3)



- The overall financial system impact of ICD-11 granularity and precision in coding is unknown
 - ICD-11 impact on fee-for-service payments, and risk adjustment, has not yet been studied adequately
- Potential licensing issues yet to be resolved with WHO
 - U.S. licensing for mappings, linearizations, and derivative works must be considered
- Semantic standardization concerns
 - Consistent U.S. rules will be needed for syntax, post-coordination, use of Foundation URIs, other
 - Role and relationship of ICD-11 with e.g. SNOMED-CT, CPT, and other regulatory standards is undefined
- Role of artificial intelligence in ICD-11 implementation requires more investigation
 - Respondents indicated wide variation in implementation of AI, vision and plans for AI, differences in level of understanding, knowledge, and experience with AI, and opposing views on associated cost and burden

ICD-11 WG Next Steps



- **2024 - Analyze responses received from second RFI**
 - Report to NCVHS Committee with findings, April 11 and September 12, 2024
- **2024 - Develop additional/new findings, analyses, discussion points**
 - The aim of the WG is to inform future NCVHS recommendations regarding potential adoption, implementation, and maintenance of ICD-11 as a U.S. morbidity code set
- **FY2025 – Workgroup Phase III**
 - Hold hearings, RFI, or events as needed to improve understanding and obtain public input on issues and options e.g. for workforce development, communications, industry outreach, technical standards issues and technology implementation issues, relationships to other coding and terminology systems, uses of ICD-11 for U.S. interoperability and population health, issues of governance and U.S. licensing of ICD-11 artifacts and derivative works with WHO-FIC and accredited U.S. standards developing organizations, and to understand costs while optimizing the potential for burden reduction
 - Develop strategic options and identify new findings for full committee consideration

Current Issues for WG Consideration (1 of 2)



What is in scope for analysis of the ICD-11 transition and what is not in scope?

New APIs for accessing ICD-11? EMR integration? Value set mapping and conversion of quality and safety measures? Dual coding? Using artificial intelligence to implement ICD-11? What will be in scope for the Committee recommendations, thus for the WG to analyze, and where are the boundaries?

Transition planning is needed for coordination of content and maintenance of ICD-11 from current processes for ICD-10-CM.

Coordination with WHO-FIC on international content and coordination of US-specific extension codes. Lots of U.S. stakeholders are involved in ICD-10-CM who do not know or understand how their needs can be and are already in ICD-11, not only in the MMS statistical linearization but also considering existing foundation components.

Current Issues for WG Consideration (2 of 2)



Transition timeline

How to optimize planning and minimize burdensome dual coding, etc? More planning and a shorter actual transition phase will optimize the overall timeline and quality of transition.

U.S. Linearization

The Workgroup's initial finding is that the U.S. needs a linearization for morbidity and reimbursement related processes that is different from the linearization used for mortality reporting and statistical reports. How this will be created and maintained, and how it relates to U.S. country-specific extension codes , relates to Q3 but has its own dimensions.

A Main Issue for Committee Consideration



- **We note concurrence** across the Workgroup members, SMEs who participated in the August 2023 Expert Roundtable Meeting, and responses to both ICD-11 Requests for Information (RFI) that it is **imperative that a lead office or agency be designated** with overall coordination and funding responsibility for the ICD-11 morbidity coding transition in the United States and that resources with this authority start to act now, this year.
- New urgency for resolving this issue derives from **multinational efforts** to develop ICD-11 morbidity coding agreements, derivative works, and infrastructure **planned or underway** among other WHO member countries which **could materially disadvantage U.S.** future uses of ICD-11 if an HHS **morbidity coding lead** is unable to exert its authority soon.

WG Finding for Committee Consideration



- **The finding of the Workgroup** is that

It is imperative that HHS designate one office or agency to be responsible for overall coordination of ICD-11 morbidity coding in the U.S. This office or agency should further be charged with, and allocated sufficient resources for, federal government coordination of all ICD-11 morbidity coding research, funding, rulemaking, and resources relevant to adoption, implementation, and maintenance of ICD-11 as a U.S. regulatory code set.



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Thank you!