ACP
American College of Physicians
Internal Medicine | Doctors for Adults®

April 5, 2012

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: US Department of Health and Human Services Announcement of Intent to Delay ICD-10 Compliance Date – February 16, 2012

Dear Secretary Sebelius:

On behalf of the American College of Physicians (ACP), the Medical Informatics Committee applauds your February 16, 2012 Announcement of Intent to Delay ICD-10 Compliance Date. We understand the position taken by some stakeholders that the currently specified compliance date of October 1, 2013 should not be changed. Many organizations have allocated funds and human resources and have projects underway intended to meet the current date. While this may be true, we feel that a delay, if properly utilized to address specific problems, could prove beneficial to all stakeholders. We urge HHS to use this delay to consider two sets of possible actions, which we describe below.

The first set of actions is to apply lessons learned from the difficulties seen in the 5010 implementation, some of which are still being addressed today. We need to understand what went wrong with 5010 and apply those lessons to a new plan for ICD-10. For example, the certification process should be completed well in advance of compliance dates; successful end-to-end testing should be documented; more thorough, pre-implementation testing is required and we need a better definition of "readiness." HHS should develop and implement a more thorough testing plan and use the delay period to perform this testing. This would allow implementers to stay on track with their existing development plans, but add additional testing time at the end. An appropriate body, such as NIST, should be charged with implementation and oversight of a comprehensive testing plan. Individual practices should not be responsible for testing.

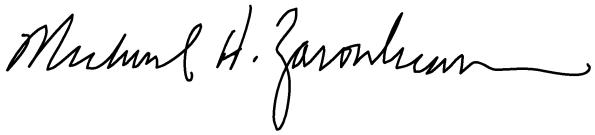
Our second suggestion is to consider modifying the scope for which ICD-10 is being deployed. The ACP position is that SNOMED-CT is superior to ICD-10 for use in performing and documenting clinical care activities. While it is clear that coding with a classification system such as ICD-10 has benefits when it comes to compiling data for secondary purposes, it is generally acknowledged that a reference terminology such as SNOMED-CT is much better at accurately capturing the nuances of health conditions and clinical care. Even leading proponents of a move to ICD-10, such as AHIMA, admit that SNOMED-CT should be used to document the

course of care. Providers and HIT vendors should be incentivized and encouraged to implement SNOMED-CT to code clinical information. ACP encourages the appointment of a "blue ribbon" panel of experts to address the technical question of whether ICD-10 codes can be generated automatically from SNOMED-CT terms, which could, if implemented, allow stakeholders to focus on implementing SNOMED-CT while retaining ICD-based functionality. There was discussion that EHR vendors would prefer to focus on SNOMED-CT – and that the government should provide funding to support a crosswalk to ICD-10.We recommend that the National Library of Medicine or another organization with the required capabilities and expertise be charged with developing and maintaining the needed cross-referencing and tooling, and that this organization be given sufficient resources to carry out this significant effort.

The Health IT Standards Committee has agreed with this position, and the recently published *Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition* specifies the use of SNOMED-CT for coding problems in EHR systems. We urge HHS to use the delay on ICD-10 implementation to consider whether to specify the use of SNOMED-CT, rather than ICD-10, for coding problems in all situations. This would eliminate an inconsistency in coding specifications between HHS rules, and would be beneficial to care delivery.

We thank you for your willingness to reconsider the current plans for implementing ICD-10. We urge you to take our suggestions into account as you proceed and would be happy to provide further input if that would be helpful.

Sincerely yours,



Michael H. Zaroukian, MD, PhD, FACP, FHIMSS
Chair, Medical Informatics Committee
American College of Physicians

CC: Farzad Mostashari, MD, National Coordinator, Health Information Technology
Marilyn Tavenner, Acting Administrator, Centers for Medicare & Medicaid Services