



May 17, 2012

The Honorable Kathleen Sebelius, Secretary
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-0040-P7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-0040-P

Dear Secretary Sebelius:

The American College of Physicians (ACP) appreciates the opportunity to provide our comments regarding the U.S. Department of Health and Human Services' proposed rule on the International Classification of Diseases, Tenth Revision (ICD-10) compliance date. ACP represents more than 132,000 internal medicine physicians and medical student members. Internists specialize in primary and comprehensive care of adolescents and adults.

Proposed Change to the Compliance Date for ICD-10-CM and ICD-10-PCS

Like HHS, ACP is concerned that the industry will not be ready to transition to ICD-10 by October 1, 2013. Physicians are caught in the dilemma of having to simultaneously implement all the health care reform initiatives such as ASC X12 Version 5010 transaction format, electronic prescribing, Physician Quality Reporting System, meaningful use, accountable care organizations, patient centered medical homes, electronic health records, etc. This is an overwhelmingly complex stew of new regulations, requirements, incentives, and penalties – all of which carry their own costs to human and financial resources.

In 2007 and 2008, ACP stated its opposition to implementation of the new code set, and maintains its concerns about the costs of switching to an entirely new diagnosis system, particularly for the small physician practices that are least able to absorb additional costs. However, ACP also understands that if the Department was to rescind the law governing the transition to ICD-10, it would cause great losses to those physicians, medical practices, and facilities that have already expended financial and human resources toward implementing the new, diagnosis code set. ACP agrees that the change in the compliance date for ICD-10, as proposed in the rule, would give clinicians

and other covered entities time to prepare and test their systems to ensure a smooth and coordinated transition by all industry segments.

In that vein, ACP supports the Secretary's decision to delay the compliance date for ICD-10 until October 1, 2014. The College believes that a delay is necessary to avoid the pressing burden that an earlier compliance date would cause.

ACP recommends that, in the interim, HHS work more closely and directly with national and state medical societies to improve the distribution of education and guidance materials to physicians and other clinicians.

ACP views the proposed delay as an opportunity for HHS and the health care community. The College recommends that the Department consider the following:

- Lessons learned from the difficulties seen with the Version 5010 implementation, some of which are still being addressed today, should be applied to the ICD-10 transition. The health care community needs to understand what went wrong with the Version 5010 transition and apply those lessons to a new plan for the ICD-10 transition. ACP recommends that:
 - the system certification process should be completed well in advance of compliance dates;
 - thorough, pre-implementation testing should be required, and successful end-to-end testing should be documented. 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 providers, especially those in small practices, cannot be expected to assume the burden of intensive testing. They do not have the time or the expertise to debug reports of coding discrepancies. The burden must rest with the ultimate receivers of the data to determine that the received data are accurate.
- ***ACP also recommends that HHS consider modifying the scope for which ICD-10 is being deployed.*** As stated in our letter to Secretary Sebelius on April 5, 2012, the ACP position is that Systematized Nomenclature of Medicine – Clinical Terms (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 more effective for accurately capturing the nuances of health conditions and clinical care. Leading proponents, such as AHIMA, of a move to ICD-10 admit that SNOMED-CT should be used to document the course

of care. (Coordinating SNOMED-CT and ICD-10: Getting the Most out of Electronic Health Record Systems (AHIMA)
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_027621.hcsp?dDocName=bok1_027621)

- o Clinicians and health information technology (HIT) vendors should be given incentives to implement SNOMED-CT for coding clinical information. *ACP encourages HHS to appoint a “blue ribbon” panel of experts to address the technical question of whether ICD-10 codes can be generated automatically from SNOMED-CT terms.* A SNOMED-CT crosswalk to ICD-10, if implemented, would allow stakeholders to focus on implementing SNOMED-CT while retaining the desired ICD-based functionality. *Therefore, ACP recommends 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 recent notice of proposed rulemaking from the Office of the National Coordinator for Health Information Technology (ONC), 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. *ACP urges HHS to use the ICD-10 implementation delay to consider specifying 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.

Thank you for considering the ACP comments. Please contact Shari Erickson, Director, Regulatory and Insurer Affairs, by phone at (202) 261-4551 or e-mail at serickson@acponline.org if you have questions and/or need additional information.

Sincerely,

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