different turn in history. While this is a dramatic comparison, our colleagues across the industry were stunned at the impact of a seven line insertion into this bill. A voice vote rather than a roll call vote proceeded after a brief hearing that mainly focused its attention on the “fix” to the SGR. And then, suddenly, it changed a trajectory of effort over the last 3 to 4 year period and moved an entire industry into a zone of ambiguity.

“The bill, H.R. 4302, Protecting Access to Medicare Act of 2014, mainly creates a temporary “fix” to the Medicare sustainable growth rate (SGR). A seven-line section of the bill states that the Department of Health and Human Services (HHS) cannot adopt the ICD–10 code set as the standard until at least October 1, 2015. The healthcare industry had been preparing to switch to the ICD-10 code set on October 1, 2014. ....The bill was passed 64-35 at 6:59 pm ET on Monday, March 31. (1)

The discussion about ICD-10 has not solely been centered around a technology bonanza in terms of all the intricacies to be had across all healthcare providers, insurers, healthcare information technology vendors and a variety of other related healthcare organizations. Rather this effort has actually been an enterprise program to address proper coding of clinician documentation from the point of inception through billing and reimbursement. The level of effort and resources to date have required a significant investment by all participants and one that required that investment to be maintained over a number of years to achieve the targeted level of compliance and potential remediation in the months following the compliance date.

Now what? As the dust has settled from that fateful day just a few weeks ago, there is no greater clarity that on March 31st at 6:59 p.m. (Eastern). Timing is everything when balancing a portfolio of multiple programs across any healthcare organization over multiple years, this is a freight train operating at maximum speed. The acceleration and momentum created by the countless resources invested to date have come to an abrupt halt and with a need to make some decisions given the less that relevant number of facts required to address a contingency effort. Rather, we should take this conversation on a road less travelled.

From an executive perspective, a strategic perspective, how can any organization regardless of size and complexity coexist in an environment in which regulatory and compliance measures are subject to sudden changes regardless of direct impact on its constituents? For the foreseeable future, no care delivery model will remain static and predictable. Rather, the fiscal pressures are great as the country experiments on those care delivery models that are especially effective in the care of a patient population and help manage costs while maintain quality outcomes. It would seem that much of the country will remain an incredible laboratory with experimentation and a quest for innovation. Some will survive and some will not. But this creative destruction is foundational to yield the next generation model of care for our country and, hopefully, a sustainable model for rendering care throughout the lifetime of an individual.

The delay of ICD-10 is but one symptom. Now the question emerges as to when and if our healthcare organizations will reach a saturation point when reviewing all the demands placed upon it. In an era when less is more, then when will healthcare exceed its capacity to take on new requirements while not focusing
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on its key mission, providing quality care that is effective and efficient. Our efforts are diluted by many well-meaning initiatives. Time and time again we have see first hand that organizational cultures continue to say “yes” to every request, yet, suffer in the long-term since capacity as well experience, skills and resources are repeatedly exceeded. Nationally, we have healthcare organizations of all types—true gems—that have puzzled their way through the ever-increasing demand and industry requirements to pave a road toward “success”.

Finally, it is worth asking ourselves whether we have lost our way through good intentions and built a level of complexity that demands resources that might be better used in another way. Have we traded in complexity for simplicity and a direct path to sustainability and quality performance/outcomes? Perhaps this event—ICD-10—is actually a wake-up call to question how and why as well as where healthcare organizations invest. Is part of the voices of transformation and innovation ready to also rethink where limited or scarce resources are invested? The questions are many and, there may be some answers in the corridors of our industry. Our future may well lie in coupling transformation, innovation and imagination. If we do not focus on this from within our walls, it may well be hoisted upon us by external factors. The Ides of March speak to our transition to the next phase in the healthcare industry. Let’s ask the difficult or seemingly impossible questions now. We should never forget the story of the Gordian Knot should we bring these questions to our executive team as the quest continues to the new tomorrow of healthcare.

Reference: