Table 3

Side-by-Side Comparison of Trends, Disruptions, and Challenges: Response Highlights

Trends		
October 2015	**June 2016**	**May 2018**
P4: "I would use one code in ICD-9 for my pregnant patients; now I have to choose three codes in ICD-10 CM."		P6: "I'm really looking forward to ICD-11, because of the specificity, and I know there's more to come. We do a lot of HIV, STD, and with that, we know that there's more specificity with that as well to come, and hopefully, it gets implemented."
P1: "If I am passing on care to my colleague, all they have to do is look at this. They're going to see the code that I picked. It's not so much nonspecific. It tells them clearer what is going on. . . . A lot more specific."		P8: "Yes. The providers are still using superbills. I think because it's a crutch, and it guides them to do the right thing."
P1: "Understanding in terms of procedures that are done and diagnoses that support those procedures, the medical necessity of it and it helps us to all understand that we are providing good quality patient care . . . on the return visit, everything is documented accurately."		P6: "They [physicians] actually have software to help them put a description in, and they'll use that descriptor to get a match. . . . And then they mismatch, and they pick something just to pick something, 'cause they get frustrated . . . some of our providers who are in their sixties or their seventies, they're not Generation X. With that generation, the baby boomer generation, they're not so computer savvy as those that are younger."
P3: "Eight different types of superbills. That was one helpful item."		P3: "When it comes to STDs, we have a lot of males who would come in with lesions or sores. There's no specificity for that."

Disruptions		
October 2015	**June 2016**	**May 2018**
P3: "They [management] should do like a SWOT [strengths, weaknesses, opportunities, and threats] analysis of this whole process. Then, they'll be able to know what it is they need to do in the future."	P3: "The system was compliant by the month of June. However, not all providers are choosing the ICD-10-CM codes, which is still causing a problem with documentation, particularly on codes that warrant more documentation and specificity."	P3 The nomenclature, the SNOMED codes . . . verbiage, is totally different than the disease codes from [ICD-10-CM], and the providers have such a problem trying to associate what they see with two different acronyms or commonly used terms. So they look up a SNOMED [code] one way and you have to look at [an ICD-10-CM code] another way, and it drives them crazy. They can't keep all of that in their heads, so they have that as a major difficulty."
P7: "I have to call the providers and say, 'What are you trying to tell me?' It's difficult because I can't put [an ICD-10-CM] code with your [ICD-9-CM] code that you're giving me, when you're not giving me the right code."	P7: "The doctors are relearning ICD-10 CM all over again."	P8: "One-to-many maps causes provider frustration and leads to them picking a different code that does not align with their documentation. The coding staff audits charts and presents the discrepancies."
P3: "Testing should have happened earlier, and I think could have worked the kinks out prior to going live. We went live, and then we found out more things were issues."	P3: "The system is up, but the doctors are not compliant."	P6: "Getting the providers to pick the correct SNOMED code that maps to ICD-10 has been a challenge."
P1: "They [management] didn't believe that the ICD-10 was going to happen because it was put off so many times. So, when it came to the fact that it was actually happening, they didn't have time to actually see that the system isn't capable of interfacing."		
Challenges		
October 2015	**June 2016**	**May 2018**
P3: "To get extensive training. Make sure your system is up to date to coincide with the training."	P6: "We are currently training the providers on clinical documentation and the selection of codes."	P6: "The providers have to use 'skin lesions.' And when it comes to skin lesions, it's not really considered STDs, so we wanna code that's gonna say something that's specific

P6: “When they [physicians] felt this old industry pushing towards [ICD-10], they really got nervous, and they got anxiety. They all got concerns. Some wanted to walk away because it was just too much for them with the changes that were necessary.”

to the STD.”

P3: “If they were to have a combination code, and I do see that I looked at the World Health [Organization], they’re currently using a combination code to describe B20. And it breaks down into subheaders, subclassifications of Candidiasis or any type of other syphilis. So they’ll say B20.04, B20.05, and that breakdown is what we’re looking forward to. It’ll give one code that represents those two conditions, and that’s what I’m looking forward to.”