

## Preliminary Look into the ICD9/10 Transition Impact on Public Health Surveillance

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### Objective

This roundtable will provide a forum for the syndromic surveillance Community of Practice (CoP) to discuss the public health impacts from the ICD-10-CM conversion, and to support jurisdictional public health practices with this transition. It will be an opportunity to discuss key impacts on disease surveillance and implementation challenges; and identify solutions, best practices, and needs for technical assistance.

### Introduction

On October 1, 2015, the number of ICD codes will expand from 14,000 in version 9 to 68,000 in version 10. The new code set will increase the specificity of reporting, allowing more information to be conveyed in a single code. It is anticipated that the conversion will have a significant impact on public health surveillance by enhancing the capture of reportable diseases, injuries, and conditions of public health importance that have traditionally been the target of syndromic surveillance monitoring. For public health departments, the upcoming conversion poses a number of challenges, including: 1) Constraints in allocating resources to modify existing systems to accommodate the new code set, 2) Lack of ICD-10 expertise and training to identify which codes are most appropriate for surveillance, 3) Mapping syndrome definitions across code sets, 4) Limited understanding of the precise ICD-10 CM codes that will be used in the US Healthcare system, and 5) Adjusting for changes in trends over time that are due to transitions in usage of codes by providers and billing systems. To accommodate the ICD-9 to ICD-10 transition, the Centers of Disease Control and Prevention (CDC) partnered with the International Society of Disease Surveillance (ISDS) CoP to form a workgroup to develop the Master Mapping Reference Table (MMRT). This tool maps over 130 syndromes across the two coding systems to assist agencies in modifying existing database structures, extraction rules, and messaging guides, as well as revising established syndromic surveillance definitions and underlying analytic and business rules.

### Description

Representatives from the ICD10 workgroup will lead a discussion of ICD-10-CM coding impact since October 1, 2015 (including feedback and stories from Local, State, and Federal Public Health as well as from EHR vendors and other partners) to share experiences using the MMRT tool, and impacts, challenges, and best practices relating to the ICD 9/10 transition.

### Audience Engagement

A slide presentation will feature how jurisdictions have prepared for and integrated ICD-10 coding and mapping into their surveillance systems, as well as share ICD 9/10 conversion experiences. The CoP audience will be queried on specific questions during the discussion such as: 1) How did the transition impact dataflow and content from

hospital emergency departments?, 2) What was the conversion impact on surveillance systems (such as downtime, improvement in accuracy, etc.)?, 3) What methods did your health department use to try to analyze data before/after the conversion?, 4) How did you use the MMRT tool developed by the ISDS ICD10 working group to accommodate changes in syndrome definitions?, and 5) Did you attempt to develop more precise syndrome definitions, and how do you plan to validate syndromic categories? An audience response “clicker” system will be used to collect answers to these questions as a catalyst for further discussion. The answers will be compiled and presented to the audience, followed by discussion aimed at identifying conversion challenges faced by the audience, solutions, and best practices.

### Keywords

Surveillance; Methodologies; Public Health; Analytics

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