American Hospital Association™

Advancing Health in America

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January 12, 2024

Rebecca Hines
Executive Secretary
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road
Hyattsville, MD 20782

Re: Request for information on addressing the potential use of ICD-11 for morbidity coding in the United States

Dear Executive Secretary Hines:

On behalf of the nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on your request for information (RFI) addressing the potential use of ICD-11 for morbidity coding in the U.S.

The International Classification of Diseases (ICD) is the global standard for health data, clinical documentation and statistical aggregation. It provides a common language for recording, reporting and monitoring diseases, allowing the world to consistently compare and share data among providers, including hospitals, as well as across regions and countries. The AHA appreciates the opportunity to share our perspective on the implications of the transition to ICD-11 on health data, statistics, privacy and national health information policy with the National Committee on Vital and Health Statistics' (NCVHS) ICD-11 Timely and Strategic Action to Inform ICD-11 Policy Workgroup as they consider recommendations regarding implementation to the Secretary of Health and Human Services (HHS).

The AHA supports NCVHS in its effort to promote the transition to ICD-11 and educate industry stakeholders on its potential to offer enhanced data reportability and consistency. However, before NCHVS finalizes a recommendation for an ICD-11 transition and implementation, the AHA encourages the NCVHS to:

- In collaboration with the Centers for Medicare & Medicaid Services (CMS), create and publish robust and meaningful case scenarios comparing side-by-side dual-coded acute care, post-acute care, outpatient and physician office cases (ICD-10 versus ICD-11) for industry stakeholder review.
- In collaboration with CMS, provide an in-depth analysis that specifies the reporting differences, benefits and challenges specific to these case scenarios when comparing ICD-11 to ICD-10.
- Utilize these analyses to determine if the potential benefits of the ICD-11 transition outweigh the health care industry operational issues and factor its findings into its final recommendations on implementation to the secretary.

This analysis should consist of, but not be limited to:
- Provider documentation requirements noting similarities and differences.
- Coding application and coding guideline similarities and differences.
- Critical considerations for claim submissions (i.e., capture and reporting similarities and differences specific to the UB04 paper claim form, 837I electronic claim form, and the CMS 1500 claim form).
- Key concerns related to quality reporting initiatives and anticipated differences in data output, meaning and reporting agency system capabilities.

Access to this type of information through case scenarios and analysis will better position organizations to understand the impacts of an ICD-11 transition. For example, these case examples will provide insight into individual and organizational considerations related to technology, systems, vendors, education and internal assessments. As such, they would help inform responses to the questions posed in this RFI. Specifically, organizations will gain insight to address several of the RFI questions, including:

- What enhancements in ICD-11 classification content would be most helpful in addressing requirements specific to the U.S.?
- What financial, educational or human resources will be needed to implement, manage and maintain ICD-11?
- What standards, systems, workforce and processes must change to accommodate ICD-11 in individual organizations?

In response to the RFI question related to the administrative burden, health care organizations will need access to a testing sandbox to fully respond. Early and often access to a testing sandbox would enable health care organizations to better understand the benefits of a transition to ICD-11 and gain insight into reduced burden potential and the capability to improve quality and accuracy through the greater automation that the ICD-11 online classification system may offer.

Reducing administrative burden in conjunction with the evolving artificial intelligence (AI) capabilities will be a critical factor in health care organizations' ability to fully assess the

costs and impacts of a change from ICD-10 to ICD-11, something that was not as prevalent with the transition to ICD-10 from ICD-9. A recent survey published by NORC at the University of Chicago and the American Health Information Management Association addressed challenges within the health information workforce.[1] The survey results noted that nearly half of respondents reported that their organization uses AI or machine learning (ML) tools for coding, documentation or other health information related workflows (primarily in urban/suburban areas). Improved productivity was among the top benefits cited for all AI and ML tools included in the survey, followed by reduced administrative burden. More than half of respondents reported that their organization plans to increase the use of AI or ML over the next 12 months. Just under half of the respondents plan to maintain the utilization of current AI or MI capabilities, indicating that the role of emerging technologies in health information will continue to accelerate.

The AHA recognizes that health care applications of AI may pose novel challenges related to provider documentation. NCVHS should provide in their recommendations to the Secretary any regulatory and systematic framework updates, ICD coding application and guideline revisions, and timelines for these updates and modifications to address challenges that arise considering AI capabilities and use.

The AHA appreciates the opportunity to provide comments in response to this RFI. We look forward to collaborating with you as NCHVS prepares recommendations to inform the Secretary regarding the decision for an industry transition to ICD-11. Please contact me if you have any questions or feel free to have a member of your team contact Tammy Love, AHA's director of policy, at tlove@aha.org or 202-626-2364.

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development

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[1] Health Information Workforce Shortages Persist as AI Shows Promise: AHIMA Survey Reveals | AHIMA