MAKRO HEALTH

Impact of ICD-10 on Healthcare Staffing

The department of Health and Human Services (HHS) has mandated the replacement of the ICD-9-CM code sets with ICD-10 code sets, effective October 1, 2013. Incorporation of ICD-10 codes is the biggest change in standard healthcare coding systems in decades which will not only drastically increase but also change the structure of the codes.

Since the countdown of Implementation has started, the other main challenge for the healthcare facilities would be to find the qualified coders for implementing and running the process.

Examine staffing needs

Facilities and practices may need to address staffing levels for the implementation period to ensure that the organization stays as current as possible with coding, not to mention denials management and claims resubmissions.Larger integrated health systems and/or hospitals might hire additional staff members before the switch to ICD-10, but smaller facilities may not have the option to bring on more staff members and may have to work with current resources. Healthcare facilities do not want to wait until after implementation in 2013 to assess potential staffing needs. Assess the impact, devise a strategy and plan, and get funding for the resources necessary to carry out your strategy.

Medical coders to be in demand

Demand for medical coders will be intense in this period of transition; hiring of new coders to work with experienced coders is a viable solution to train new coders and keep productivity up and the revenue flowing into hospitals from payers. However losing experienced coders to retirement can affect a hospital in many negative ways.

As per the analysis of MakroHealth staffing experts, one potential negative effect of loosing experienced coders would be on the bottom line, including claims denied from being improperly coded and uncoded services "lost" in the process by less-experienced coders. Despite more and more processes in healthcare going digital, coders possess institutional knowledge about a hospital and its payers that cannot be programmed into a software system.

A new survey of 770, mostly experienced, coders released by one of a staffing firm that counts healthcare among its verticals, found that 36% of medical coders are concerned about how to get the necessary training in ICD-10 codes, and 3% are flat-out worried about their future.

Nearly two-thirds of respondents to the survey were relying on their employers to train them in ICD-10, but only 27% have started it. Technology plays a big part in how the medical coders will succeed, because 66% of respondents feel most comfortable with online training. When asked about which areas they will need to be trained in, rules and regulations came first (66%), but second (44%) was learning the new technology that would support ICD-10 codes.

Extrapolating the information over U.S. Bureau of Labor Statistics figures, its an estimates those departures will leave 8,625 medical coder positions vacant, among roughly 175,000 positions in the U.S. healthcare system. And, if the survey results are a true reflection of national trends, that does not take into account the additional 14% who still are wavering about staying or going before ICD-10 codes become the healthcare standard.

Staff Augmentation a viable solution

Since the transaction to ICD-10 itself is a challenging task for healthcare facilities, utilizing services of staff augmentation companies will give them more time to focus on core areas.

Healthcare facilities need extra staff to manage the transaction and work load initially on a temporary basis, use of temporary staffing services would be required to meet the requirement for shorter duration.

Outsourcing the staff augmentation reduces the provider's workload for monitoring and mentoring of workforce performance metrics.

Resting on staff augmentation companies for contract based profiles benefits in terms of cost and time of the recruitment process ■