



MHS ICD-10 Transition Fact Sheet

Defense Health Agency (DHA) Information Management (IM) Division

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Adoption of ICD-10 Medical Diagnostic & Procedure Codes

Background:

The MHS transition to use of ICD-10 was declared "mission accomplished". Transitioning the MHS to ICD-10 took over five years and involved Direct Care, Purchased Care, and Theater Care. This fact sheet provides a high level project recap of the MHS actions employed to meet the mandated nationwide transition to use of ICD-10. The scope of an MHS project like ICD-10 was both multi-year and multi-organization and required broad stakeholder interest and participation.

All covered entities under the Health Insurance Portability and Accountability Act (HIPAA) - including the Military Health System (MHS) - were required to transition medical diagnosis and procedure coding from the International Classification of Diseases, Ninth Revision (ICD-9) to the International Classification of Diseases, Tenth Revision (ICD-10). ICD-9, which had been in use in the United States since 1979, was used to code for diseases, associated signs and symptoms, and external causes of injury, but it was determined by HHS and the U.S. healthcare industry as no longer flexible enough to incorporate new diagnoses or procedures, nor exact enough to precisely identify diagnoses. The transition was mandated for a single-day, nationwide action across the entire U.S. healthcare industry (Federal and commercial).

The MHS planned and executed our transition to ICD-10 using an Integrated Project Team (IPT) approach. This provided an opportunity for MHS representatives to collaborate and learn from others across the MHS enterprise. The MHS also collaborated regularly with other Federal Agencies, and made use of industry educational and sharing forums. The scope of the ICD-10 transition impacted business processes, products, and systems across the MHS enterprise, which interestingly includes Navy ships afloat and the White House Medical Unit.

MHS Integrated Product Team (IPT) Group, Subgroup and Structure: The MHS ICD-10 IPT was chartered on 25 August 2010 by the Deputy Assistant Secretary of Defense for Health Budgets and Financial Planning (DASD HB&FP). The primary objective for the IPT was to "formulate, recommend and implement a cost effective migration strategy for the MHS transition to the use of ICD-10 in MHS and TRICARE business operations." The IPT also published memorandums through policy memos, such as the November 2014 memo establishing that the MHS would implement ICD-10 on the compliance date of 1 October 2015.

The MHS ICD-10 IPT was chaired by Defense Health Agency (DHA) Business Information Management - previously, TRICARE Management Activity (TMA) Business Information Management - and was structured so that Service voting members would have the majority. Voting members included the Offices of the Surgeon General of the Army, Navy, and Air Force, and one DHA voting representative.

The MHS ICD-10 IPT and its participants also formed four sub-working groups (SWGs) to more effectively focus on high-priority topic areas. These SWGs included Functional Requirements & Implementation, Training & Communications, Private Sector Care, and Forms & Publications.

The MHS ICD-10 IPT convened regularly from September 2010 through January 2016. Activities conducted during these meetings generally included voting on consensus items or recommendations by the relevant IPT members, status updates, encouraging progress on open action items, review of the Integrated Master Schedule (IMS), identifying and addressing potential risks and issues facing the enterprise transition. The MHS ICD-10 IPT also provided periodic briefings to senior MHS leadership and governance bodies on the status of the ICD-10 transition. Initially, these briefings were given monthly to the Joint Healthcare Operations Committee (JHOC) and quarterly to the Senior Military Medical Action Council (SMMAC), and later shifting to quarterly updates to the Medical Deputies Action Group (MDAG) and the Medical Business Operations Group (MBOG).

Virtual Ready Room and Actions Through the Transition: The MHS ICD-10 IPT created and stood up a Virtual Ready Room (VRR) -- a forum of functional and technical stakeholder SMEs from across the MHS enterprise to provide targeted post-implementation monitoring, collaboration, issue resolution, and channels for escalation of ICD-10 risks and issues. The VRR met daily for approximately two months beginning the week before the national October 1st 2015 compliance date, before gradually reducing to three days a week and eventually to once a week as required. The VRR ultimately stood down in February 2016 after reports of issues slowed significantly, and after the MDAG declared "mission accomplished" for the MHS ICD-10 transition. The MHS' VRR concept was shared with ICD-10 project counterparts at the Centers for Medicare and Medicaid Services (CMS), who benefited from applying some aspects of our concept.

Major Takeaways from the MHS ICD-10 Transition Project: A large federally-mandated project like the ICD-10 transition affects many MHS programs and offices, multiple supporting information systems, and end-user business processes. The ICD-10 transition represented significant effort, coordination of resources, and risk. The following are some key takeaways from the MHS ICD-10 implementation effort:

- Effective project management and oversight is essential to success.
- Ongoing executive leadership engagement and interest is critical.
- A clear communication strategy should be established and regularly assessed to support effective communication delivery to intended audience(s).
- Strictly complying with the functional end-user business processes is necessary. Moreover, training related to functional end-user business processes should be delivered in a timely manner.
- Enduring engagement by the affected stakeholder offices throughout the life of the project is necessary to ensure success.
- In order to retain institutional history and knowledge over the duration of a multi-year project, a well-structured knowledge management repository and knowledge transfer mechanism should be established and leveraged.