How ICD-10 Leads to Improved Quality Care and Better Patient Outcomes

On October 1, 2015, ICD-10 (International Classification of Diseases version 10) will become the new health care diagnosis and procedure coding system, but how does the largest change in health care in the last 30 years potentially affect patient care and outcomes? Based on advancements in medical science and technology, health care coding around the world has been improved and modified, leading to new diagnostic terminology and a coding system that more accurately represents specific diagnosis and procedure information.

Creating a more internationally consistent and interchangeable coding system should improve tracking patient care and identifying disease patterns that may affect patient outcomes. By providing more specific, higher-quality data, providers will be able to create more finely tuned protocols resulting in better patient experiences and improved health outcomes. Under ICD-10, patients and providers may also find it easier to receive approval for treatment for advanced procedures and devices, currently not represented under ICD-9. Overall, by providing better data and improving quality of care, ICD-10 can help providers, health plans and even the Center for Medicare and Medicaid Services (CMS) develop improvement plans and meet incentive standards.

Better Data Equals Better Information

Updating the medical coding system was not only necessary to meet the changing diagnostic and treatment options used in today’s advanced medical world, but even the term “ICD” itself stands for international disease classification, showcasing one of its main purposes: international standard-setting. The new ICD-10 code set was developed and is monitored by the World Health Organization (WHO) and the National Center for Health Statistics (NCHS), with changes and modifications implemented by CMS. These three services work together globally to create a consistent system of healthcare records that span numerous variations of medical terms and diseases around the world.

One of the most obvious benefits of the new ICD-10 coding system is that, to improve reporting, it provides the means to enter more specific information about the patient’s diagnosis and procedures performed. With approximately seven times more codes than with ICD-9, ICD-10 offers a significant increase in the number of data points available for analysis. This allows health officials to more effectively monitor disease patterns and analyze them to improve care options and patient outcomes. New health codes also improve public health tracking records, which can then be used by overseeing agencies to monitor healthcare trends and implement well-care services for more advanced preventative care measures. Using ICD-10’s more specific coding system can also reduce record-keeping errors and assist in fraud detection and data abuse. A precise coding system can help both the provider and
payer manage accounts and identify care received with less confusion. With ICD-10, more options and detailed descriptions help all parties more accurately identify both the diagnosis and treatments given.

**Quality Improvement and Changes**

With ICD-10’s improved data and documentation, researchers can more readily predict trends in health care and provide greater information on disease prevention and possible errors in care. These trends can then be monitored and analyzed to alert healthcare organizations and physicians to areas where quality improvements can be made. For example, the [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov), which publishes health care trend information such as the seasonal prevalence of the flu virus, can use ICD-10 data as the basis for sending out geographic-centric recommendations encouraging residents in flu-stricken areas to get their flu shots.

**Health care organizations use quality indicators** which depend on the information provided by ICD-10 codes to track changes in services and patient outcomes. This data is then used to direct organizational change and identify areas of concern that warrant further review. For instance, the Agency for Healthcare Research and Quality (AHRQ) identifies trends based on ICD-10 data to further develop its quality indicator guidelines. Thus, adopting ICD-10 codes and using them effectively will help providers and industry leaders identify areas of improvements in quality care and patient outcomes, opening the door to higher patient satisfaction and facility ratings.

**Meaningful Use Impact**

ICD-10 is also an important tool that can be used to meet Meaningful Use (MU) guidelines. MU requires quality data that can easily be recorded in EHR systems and is compatible in an HIE network. ICD-10 provides the data needed to accurately compile patient health information which can then be used to further advance IT systems and improve patient outcomes and care plans. This information must be transferrable from physician care to ambulatory care and even into the home health care spectrum. More detailed information can lead to better care, improved patient outcomes, and reduced medical errors.

**Benefitting Both Patients and Providers**

Lowered costs and better quality care highlight the advantages of ICD-10 implementation in a new healthcare reform era. The [Affordable Care Act (ACA)](https://www.healthcare.gov) requires data to meet new pay-for-performance standards, and ICD-10 can provide the information required for these initiatives. Using ICD-10 effectively and efficiently is essential for improving quality care and patient outcomes.