**Talking Points on Stopping ICD-10**

There are many issues with ICD-10 itself that make it not appropriate and we should probably develop something else however we are not debating the ICD-10 product. We are debating when to implement ICD-10 and October 1, 2014 is not the proper time. We should move from our present ICD-9 to ICD-10 or something else in the 2020’s after the affordable care act is fully implemented as well as the electronic medical records.

- H.R. 1701 and S.972 are identical bills in Congress to prohibit the Secretary of Health and Human Services from replacing ICD–9 with ICD–10 in implementing the HIPAA code set standards.

- Physicians are overwhelmed with all of the regulations being poured down upon us from Washington.

- Physicians are not going to be able to meet all of the requirements for meaningful use in EMR, the PQRS program, e-prescribing, HIPAA, OSHA, CLIA, and now ICD-10. Physicians are getting regulated out of business.

- Small physician practices do not have the time, money or expertise to practice the way Washington dictates.

- Physicians in our country are looking at huge increases in capital outlays to meet EMR (electronic medical records) requirements and at the same time are looking at penalties for not meeting the meaningful use requirements, for not meeting a threshold for E-prescribing, for not reporting appropriately in the PQRS (physician quality reporting system) program, along with a 2% reduction in payment due to sequestration. If ICD-10 is implemented and physicians are not prepared their payments will go to zero. That is a pretty steep penalty.

- The American Medical Association has passed two resolutions in the last two years vigorously opposing the implementation of ICD-10 at this time.

- Secretary Sebelius has decided to move ahead with ICD-10 implementation and says not advancing ICD-10 will hurt the “industry” even though the physicians are strongly opposed and are the centerpiece of the industry.

- ICD-10 will create significant burdens on the practice of medicine with no direct benefit to an individual patient’s care. There has never been a study clearly demonstrating that requiring all doctors and hospitals to switch to either EMR’s or ICD-10 will decrease errors or improve patient care although this is the main argument used to support implementation.

- Those in the industry pushing for the implementation of ICD-10 have very strong financial reasons to want this and the financial gain of these industries will come at a steep cost to the physicians and patients of this country. Those in “industry” never declare their conflict of interest in this subject matter.

- The AMA has studied the cost of implementation and determined that the average cost to an individual physician will be $23,000. A huge amount to throw on physicians for a coding system not proven to improve patient care and a system that will force physicians to practice the way Washington tells us to.
- The computer and ICD-10 will join the insurance companies in the middle of the patient-physician relationship.

- Please don’t put the desires of industry over the desires of the practicing physicians in this country.

- ICD-10 will increase the number of codes from approximately 14,433 to 69,368 which will add tremendous complexity to our system at a time of many other changes and will severely affect a physician’s productivity and the value of care they can provide their patients.

- The actual transition will be complicated. If all of your payers and vendors are not ready on Oct. 1, 2014 then your income plummets to zero, and if you do not have a friendly banker then you are out of business.

- Rigid protocols, mandates, government controls and guidelines do not promote individualism, freedom of choice, responsibility or consequences for your actions.

- We need to protect our profession by cutting back on the regulations and mandates from our government. ICD-10 is just another nail in the coffin – and it could potentially be the last nail in the present environment of Government over regulation.

- My physician group barely has its head above water. With ICD-10, we will be under water, and how will that help our patients?

- Only 4.8% of physicians in a recent study said they have made significant progress when rating their overall readiness for ICD-10 implementation.

- We are the only country being asked to use all 69,368 codes. We are the only country being asked to use this in the outpatient setting and to use it for billing purposes. And finally we are the only country where the cost of implementation is shouldered by the physicians.

- CMS will require Diagnoses submitted as ICD-10 codes in order to receive Medicare/Medicaid payments. To qualify for Stage 2 meaningful use incentives and avoid future penalties problems will have to be entered using SNOMED-CT codes. So if you treat a new patient for several chronic conditions, each will have to be added to their electronic record twice. Once as an ICD-10 diagnosis in order to receive payment and once as a SNOMED-CT problem to avoid meaningful use penalties.

- ICD-10 is more than 20 years old and already out of date. For example, ICD-10 encodes the quadrant in which a breast cancer is located (which has minimal value), but not its estrogen receptor status (which has huge value). Compositional SNOMED-CT (where SNOMED-CT codes can be strung together, such as “estrogen receptor positive tumor” and “breast cancer”) is a simpler, better and more useful solution than ICD-10.

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