

Refining admitted and acute care classifications in Australia: now and in to the future

Anne Elsworthy, Director, Acute Care Classifications

PCSI Conference, September 2022

From IHPA to IHACPA

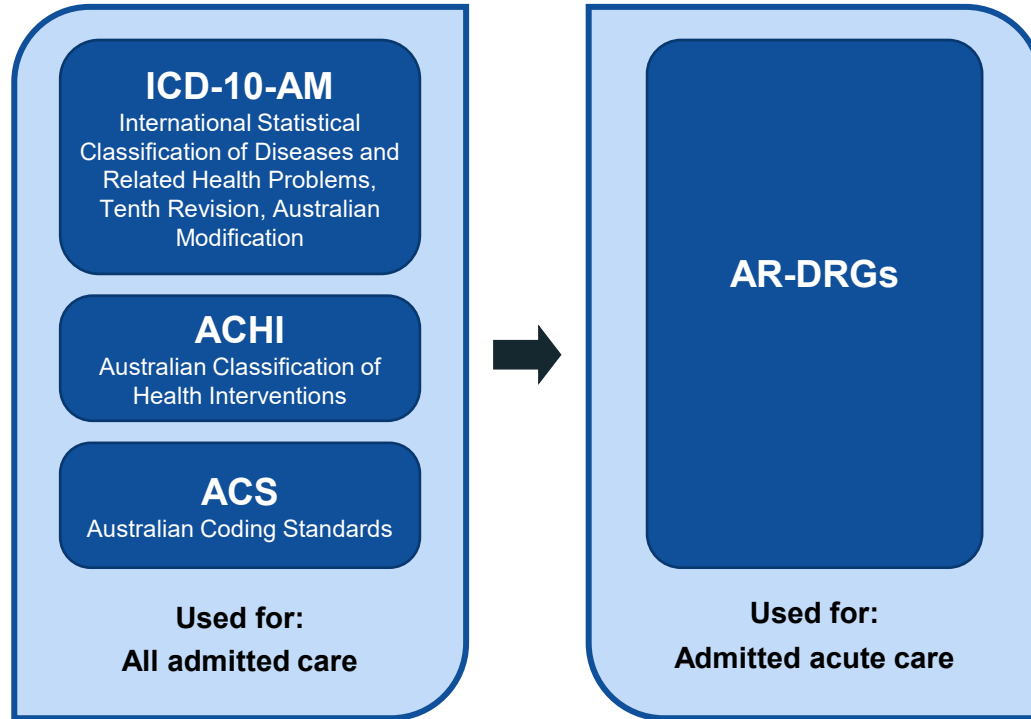


Overview

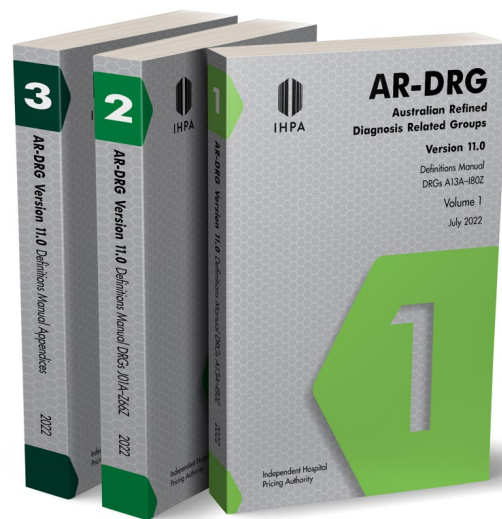
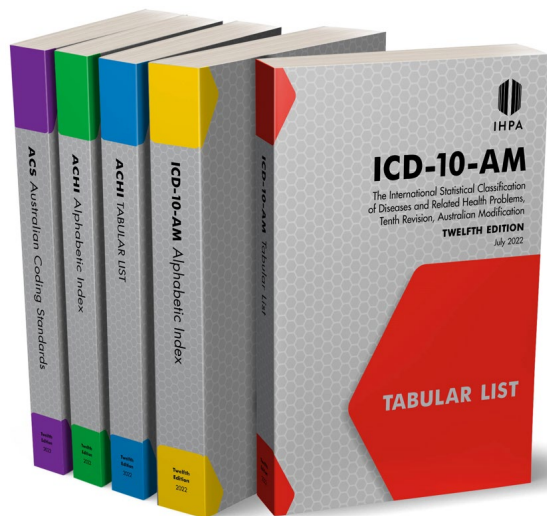
- New classifications for admitted and acute care implemented/released in Australia 2022
- New platform for delivering education
- Opportunities provided by ICD-11



Classifications used in admitted and acute care



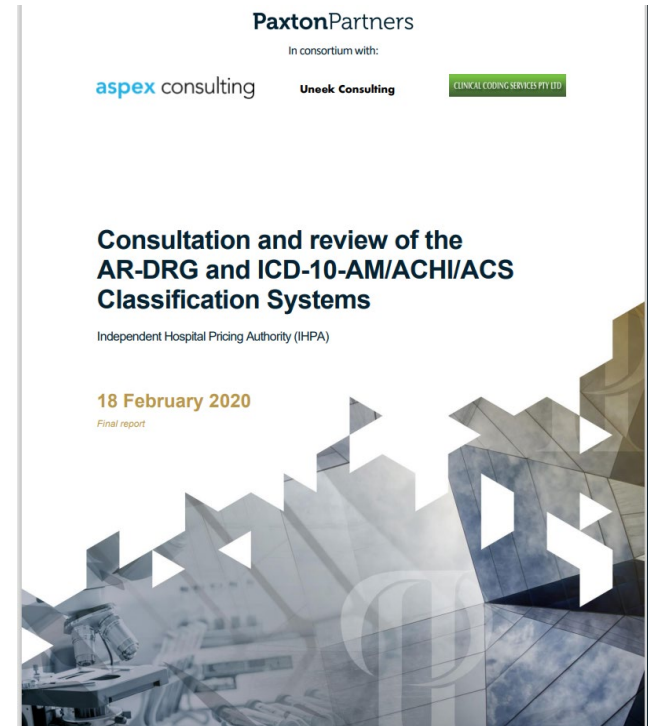
New releases 2022



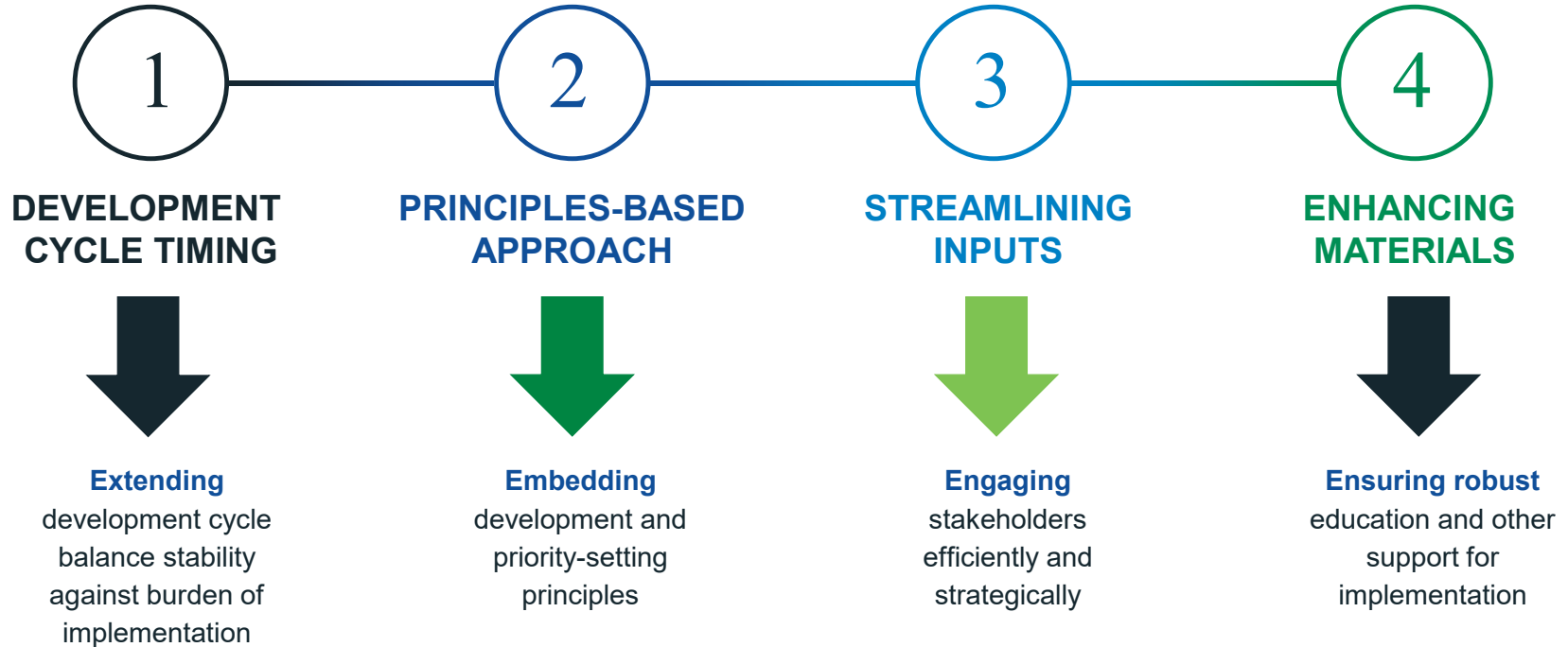
How did we get there?

Review of development cycle

- Transition of classification development within the Independent Health and Aged Care Pricing Authority (IHACPA) in 2019
- Review of the development cycle last conducted in 2009
- New landscape
 - National Health Reform Agreement
 - Establishment of IHPA
 - Introduction of national activity based funding



Key areas for improvement

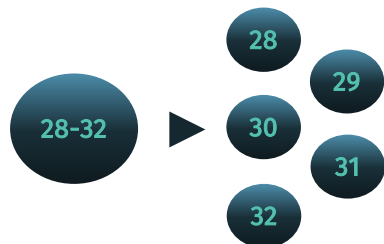




ICD-10-AM/ACHI/ACS Twelfth Edition

Implemented 1 July 2022

ICD-10-AM key updates



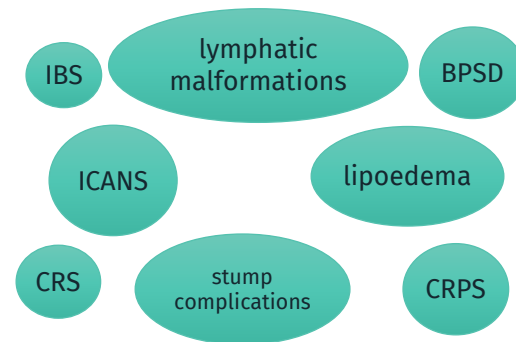
Gestational age in weeks

New codes specifying the specific number of weeks (rather than a range)



Mental health terms

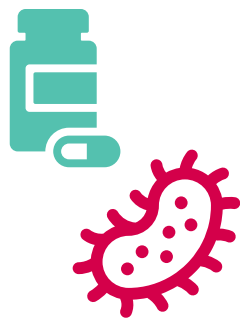
Removal of stigmatising terminology and replacing with current scientific terms



New clinical concepts

Missing or updated concepts with new codes in Twelfth Edition

ICD-10-AM key updates



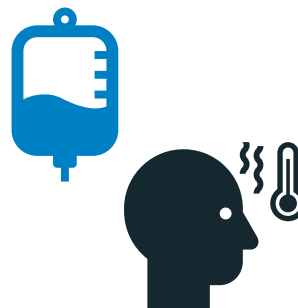
Antimicrobial resistance

Updated to align with the surveillance reporting



Morphology

New codes from the classification ICD-O-3.2



Sepsis

Alignment with new definitions in Sepsis-3



Emergency use codes

Expanded codes for Australian/national interest

ACHI key updates



Spinal interventions

Updates to how spinal and musculoskeletal interventions are classified (eg spinal fusion)



Stem cell transplants

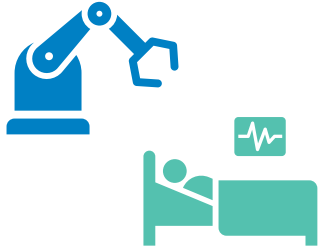
Codes for donors (eg matched/mismatched, related/unrelated) and donor tissue (eg blood, bone marrow)



Engineered cell and gene therapies

(eg Kymriah, Luxturna, Zolgensma, Roctavian)

ACHI key updates



New health technology

Leadless pacemakers,
transperineal prostate biopsy,
robotic assisted interventions

88000-00	Provisional use of 88000-00 [8888]
88000-01	Provisional use of 88000-01 [8888]
88000-02	Provisional use of 88000-02 [8888]
88000-03	Provisional use of 88000-03 [8888]
88000-04	Provisional use of 88000-04 [8888]
88000-05	Provisional use of 88000-05 [8888]

Placeholder codes

New codes added to ACHI to
capture new procedures, health
technology or other emerging
health interventions

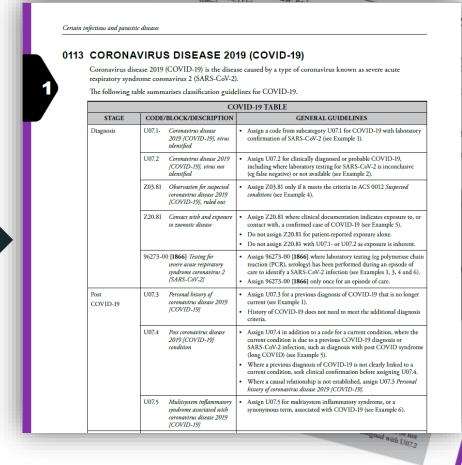


Consultation liaison psychiatry (CLP)

Captures multidisciplinary
CLP service

Changes for ICD-10-AM/ACHI/ACS

Eleventh Edition	Twelfth Edition
Classification guidance issued as: <ul style="list-style-type: none"> 8 Coding Rules 16 Frequently asked questions (over 4 parts) 	Creation of Australian Coding Standard (ACS) 0113 <i>Coronavirus disease 2019 (COVID-19)</i>
Symptoms of COVID-19 as principal diagnosis COVID-19 codes as additional diagnoses	COVID-19 codes as principal diagnosis Symptoms of COVID-19 not coded
Emergency use codes not incorporated in AR-DRG classification	Codes now fully integrated into AR-DRG classification
Testing activity only able to be captured through use of a diagnosis code (U06.0)	Testing activity can be captured more appropriately through an ACHI code (96273-00 [1866])



Twelfth Edition Principal diagnosis	AR-DRG
U07.1- COVID-19, virus identified	T63 Viral illness
U07.2 COVID-19, virus not identified	T63 Viral illness
U07.5 Multisystem inflammatory syndrome associated with COVID-19	166 Inflammatory musculoskeletal disorders

Additional resources for Twelfth Edition

- Supplementary fact sheets
 - COVID-19 vaccine types
 - ACS 0002
 - Social factors
- The Chronicle





ICD-10-AM/ACHI/ACS Twelfth Edition

Highlight on ACS 0002 *Additional diagnoses* pilot exercise

ACS 0002 *Additional diagnoses*

- ACS 0002 was revised for Eleventh Edition (implemented 1 July 2019)
 - major change to address clarification of 'significant conditions'
 - guidelines expanded from **3 pages to 14 pages**
 - number of examples quadrupled
 - a **limited testing** exercise was conducted
- Stakeholder feedback – too long, wordiness, undefined terminology, confusing examples
- Jurisdictional concerns over consistency and application, **impacting data stability**

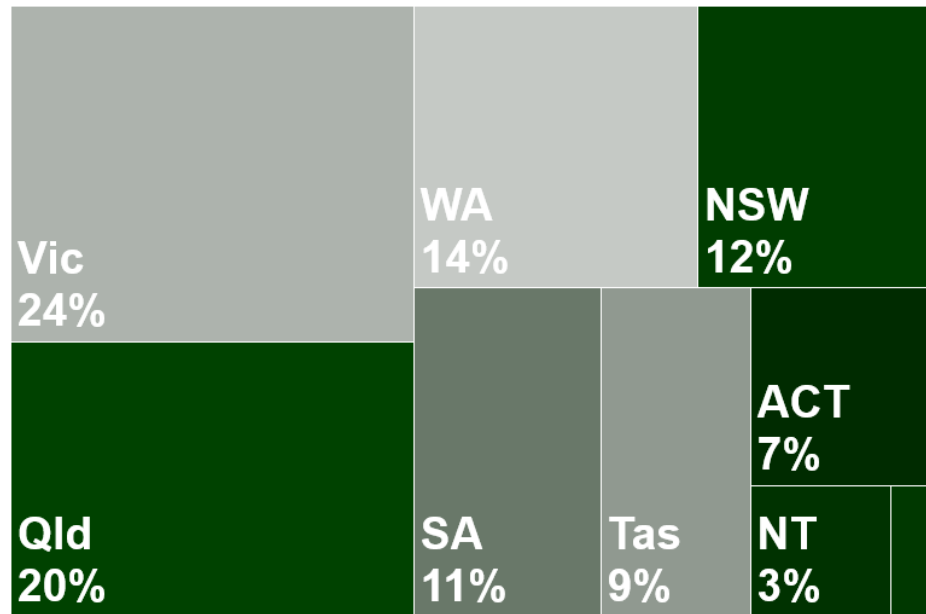
Twelfth Edition implementation 1 July 2022

Revised to simplify application, rather than change coding practice:

- streamlined classification criteria
- restructured to ensure logical flow
- removed ambiguous terminology
- reformatted instructions
- clarified rationale for code assignment in examples
- reduced length by two pages

Pilot exercise

- Nationwide **pilot exercise**
 - identify areas of focus for final version
 - ensure clear and logical to apply
 - without changing coding practice
- Participants from all jurisdictions:
 - public sector = 73 participants (**79%**)
 - private sector = 19 participants (**21%**)
 - clinical coders (75%) and auditors (25%)
 - experience ranging from 2 to 30+ years
- Online platform with simulated records
 - 20 health care records – targeted areas of concern
 - analysis of coding exercise results
 - post-completion survey – gather insights



NOTE: Participants from private sector nominated their jurisdiction as where they coded from. One participant did not indicate their jurisdiction

Pilot results

Results:

- **1,523** episodes of care coded, **398** comments noted, **71** feedback surveys completed
- **77%** of participants completed the survey
- **89%** of participants surveyed said the changes to ACS 0002 were an improvement
- Participants reported new guidelines in ACS 0002 **helped make quicker decisions** to assign codes

Feedback from survey

*"More logical layout of rationale and **more concise** instructions in dot point form in the Pilot version have made me more inclined to read the Standard and also to remember the 3 criteria.*

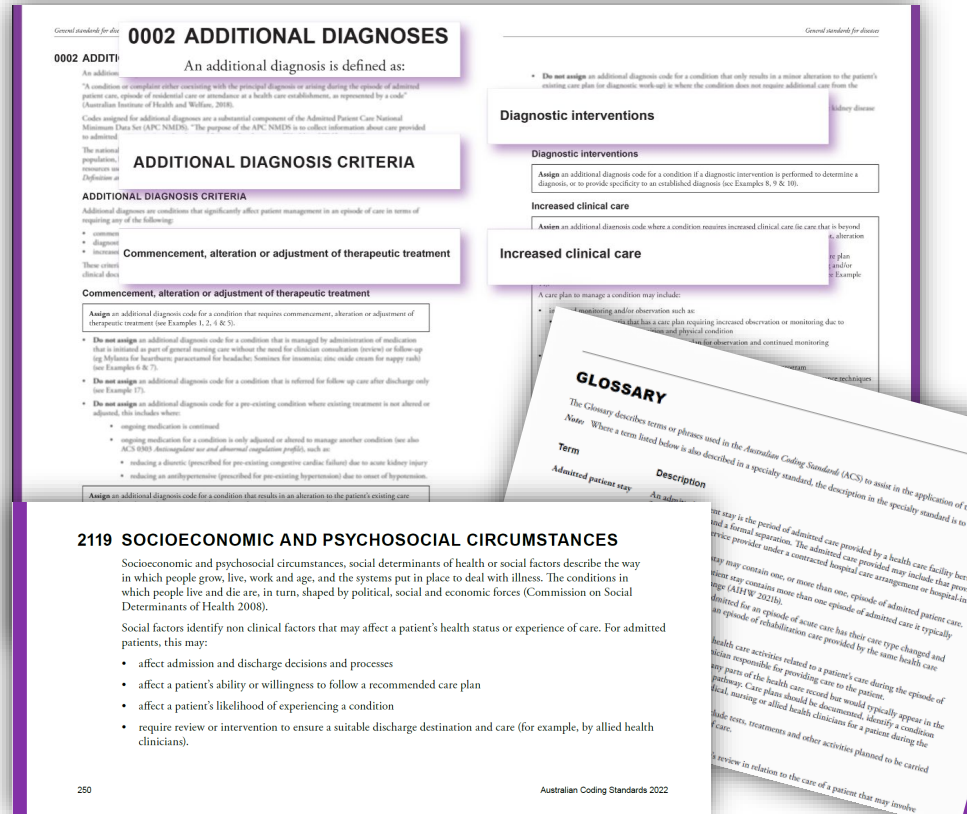
*Dropping words like "significant" and "transient" and as a by product **lessening the subjective interpretation** of "therapeutic treatment" and "increased clinical care", and providing a succinct explanation instead, has been helpful.*

*Emphasising "Assign" rationale by boxing **makes things clearer**. Rationale easier and quicker to access. **Less time** to think whether a condition meets the ACS for coding.*

*I didn't feel I necessarily made different decisions regarding application of an [additional diagnosis] code but I did **take less time to think about it** (after referencing the pilot version).*

Outcomes for Twelfth Edition

- Confidence that Twelfth Edition ACS 0002 *Additional diagnoses* represents **minor changes for clarity and ease of application** rather than a major update that would lead to significant change in coding practice that would impact data stability.
- Confidence in proposed amendments
- Creation of Australian Coding Standards (ACS) *Glossary*
- Creation of ACS 2119 *Socioeconomic and psychosocial circumstances* (aka 'social factors')



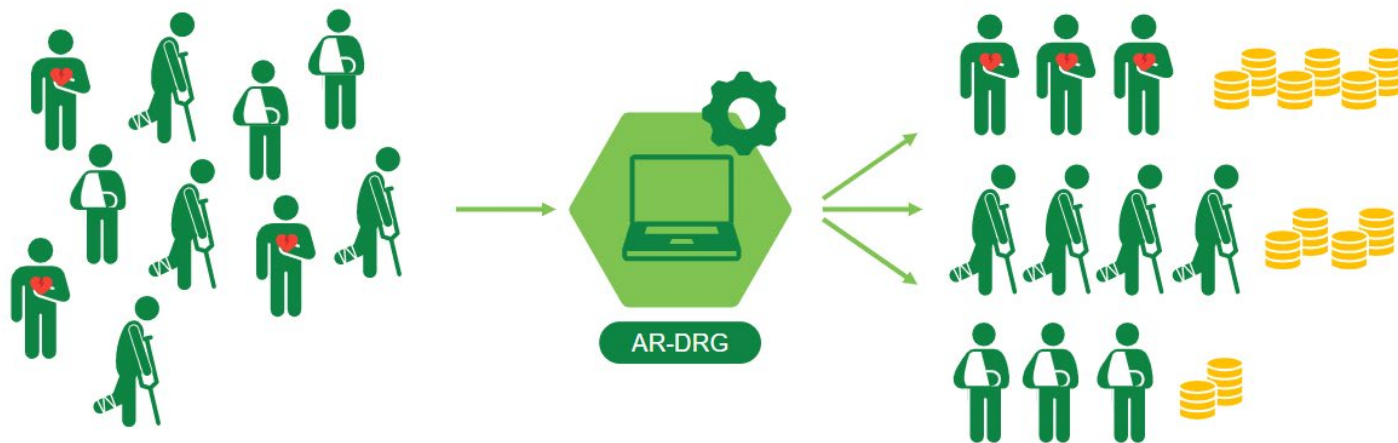
The collage features several pages from the Australian Coding Standards (ACS) Twelfth Edition. The top-left page is titled "0002 ADDITIONAL DIAGNOSES" and includes sections for "General standards for use", "0002 ADDITIONAL DIAGNOSES", "An additional diagnosis is defined as:", "ADDITIONAL DIAGNOSIS CRITERIA", and "Commencement, alteration or adjustment of therapeutic treatment". The top-right page is titled "0002 ADDITIONAL DIAGNOSES" and includes sections for "General standards for use", "Diagnostic interventions", and "Increased clinical care". The bottom-left page is titled "2119 SOCIOECONOMIC AND PSYCHOSOCIAL CIRCUMSTANCES" and includes sections for "General standards for use", "2119 SOCIOECONOMIC AND PSYCHOSOCIAL CIRCUMSTANCES", "Socioeconomic and psychosocial circumstances, social determinants of health or social factors describe the way in which people grow, live, work and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces (Commission on Social Determinants of Health 2008).", "Social factors identify non clinical factors that may affect a patient's health status or experience of care. For admitted patients, this may:", and a list of factors. The bottom-right page is titled "GLOSSARY" and includes sections for "The Glossary describes terms or phrases used in the Australian Coding Standards (ACS) to assist in the application of the", "Note: Where a term listed below is also described in a specialty standard, the description in the specialty standard is to be used.", "Term", and "Description".

250 Australian Coding Standards 2022

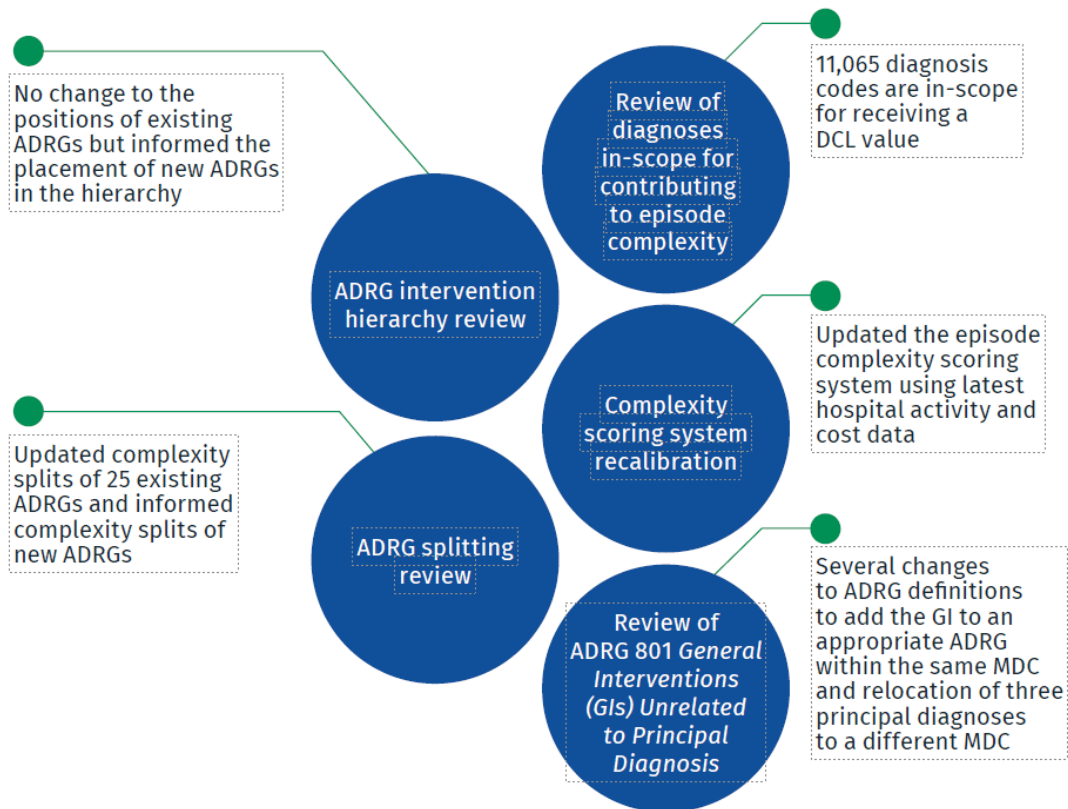
AR-DRG Version 11.0

Released July 2022

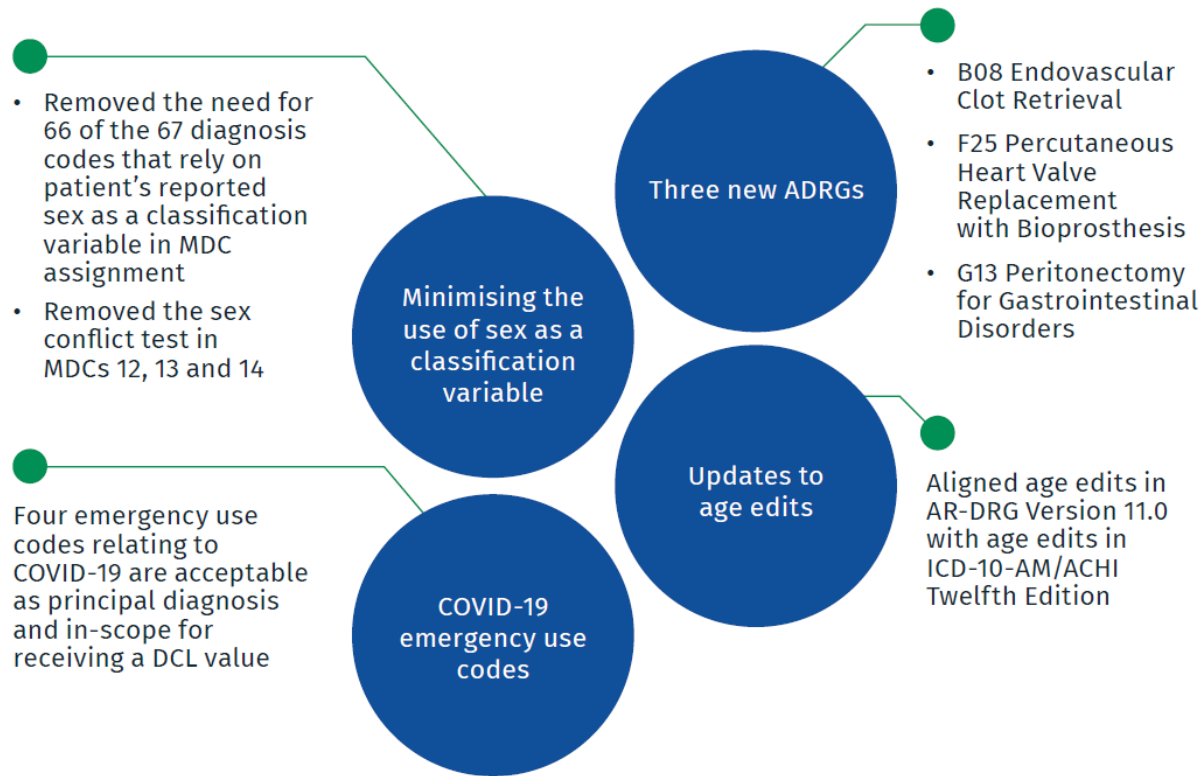
What are AR-DRGs?



Standard refinements



Major refinements



AR-DRG V11.0 Resources

AR-DRG V11.0
Final Report

AR-DRG V11.0
Technical
Specifications

AR-DRG V11.0
Fact Sheet

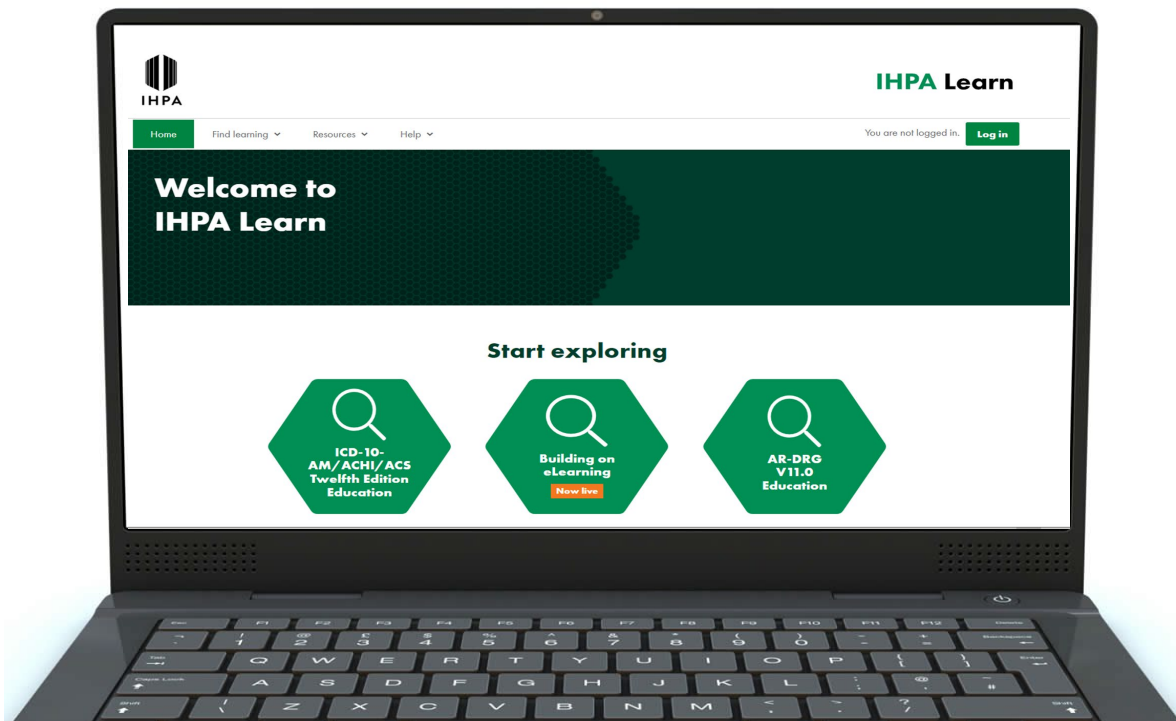
AR-DRG V11.0
Definitions
Manual

Education
modules
(IHACPA Learn)

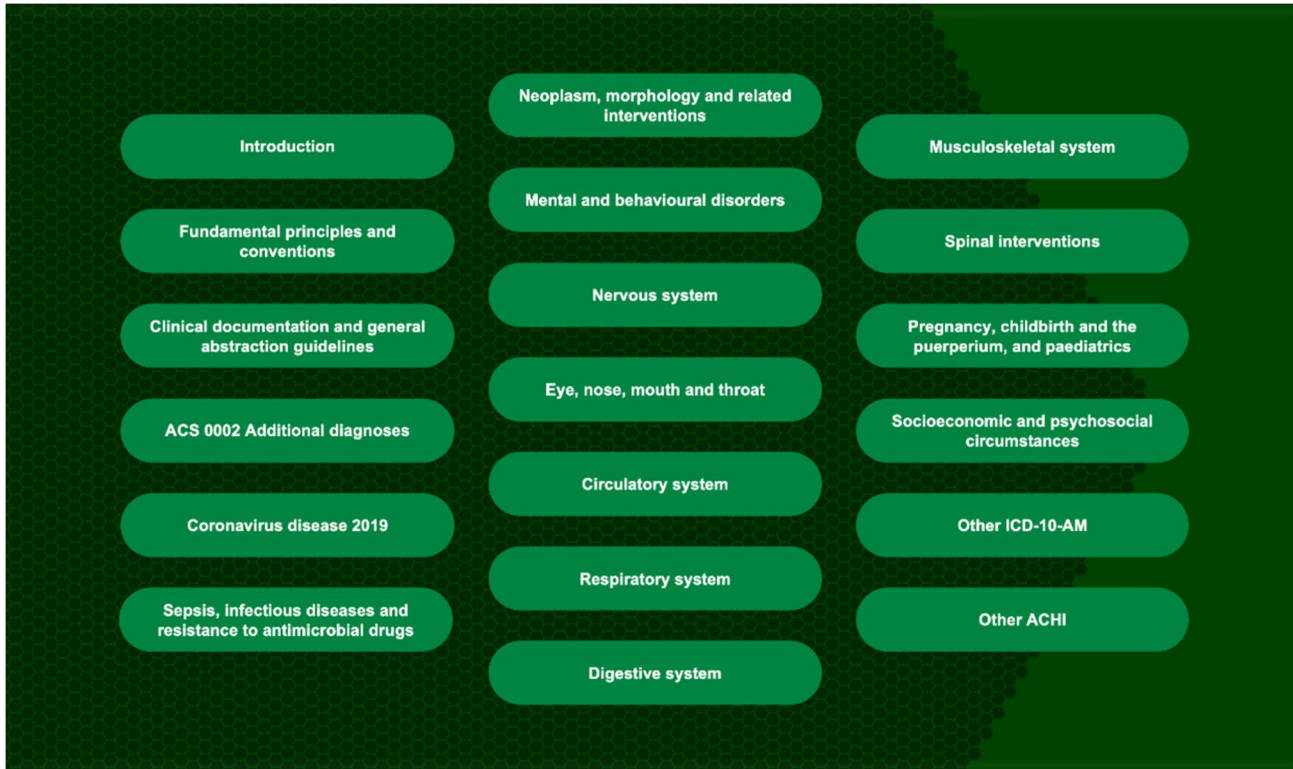


IHACPA Learn

IHACPA Learn



ICD-10-AM/ACHI/ACS Education modules



AR-DRG V11.0 education modules

AR-DRG V11.0 fundamentals

This module introduces learners to the AR-DRG classification.

A **certificate of completion** for this module will be generated and is accessible from your record of learning.

These modules focus on the refinements for AR-DRG V11.0.

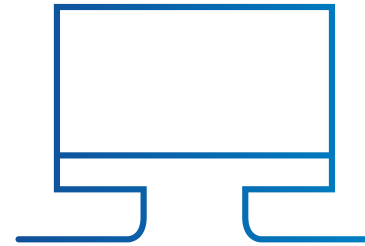
A **certificate of completion** will be generated after the completion of both modules and is accessible from your record of learning.

AR-DRG V11.0 specific refinements

AR-DRG V11.0 standard refinements and overview

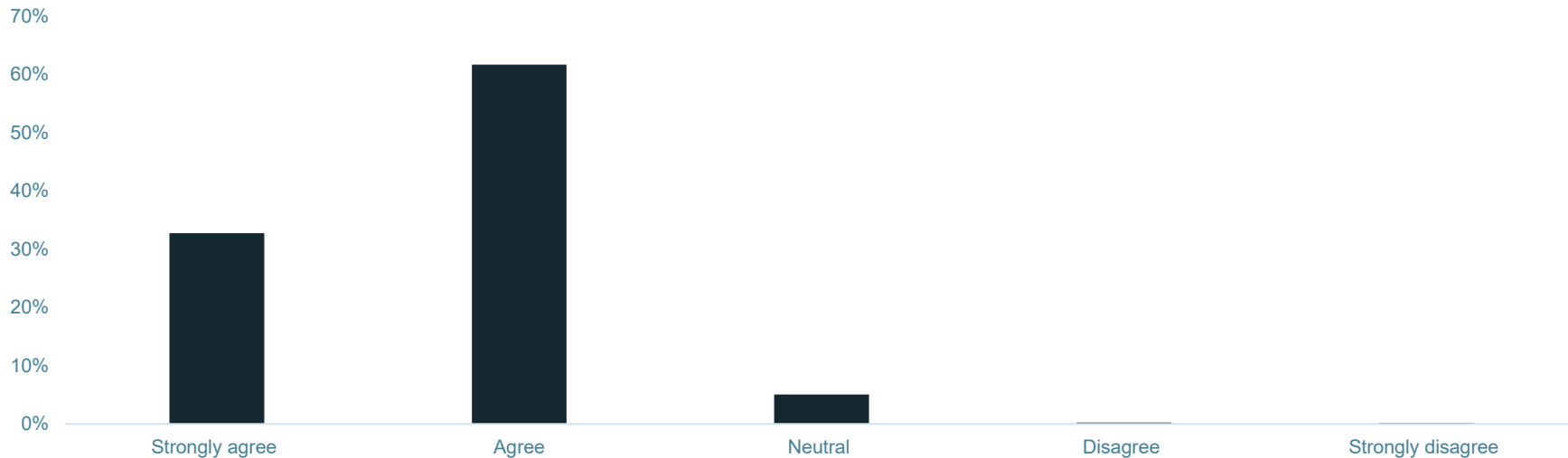
Uptake and feedback

- As of **19 September 2022**
 - **2381** participants completed all modules for ICD-10-AM/ACHI/ACS Twelfth Edition
 - **377** enrolled in **Building on eLearning**
 - **105** participants completed AR-DRG fundamentals
 - **74** participants completed AR-DRG V11.0 modules
 - **98%** positive feedback
- A total of **51,376** education modules have been completed



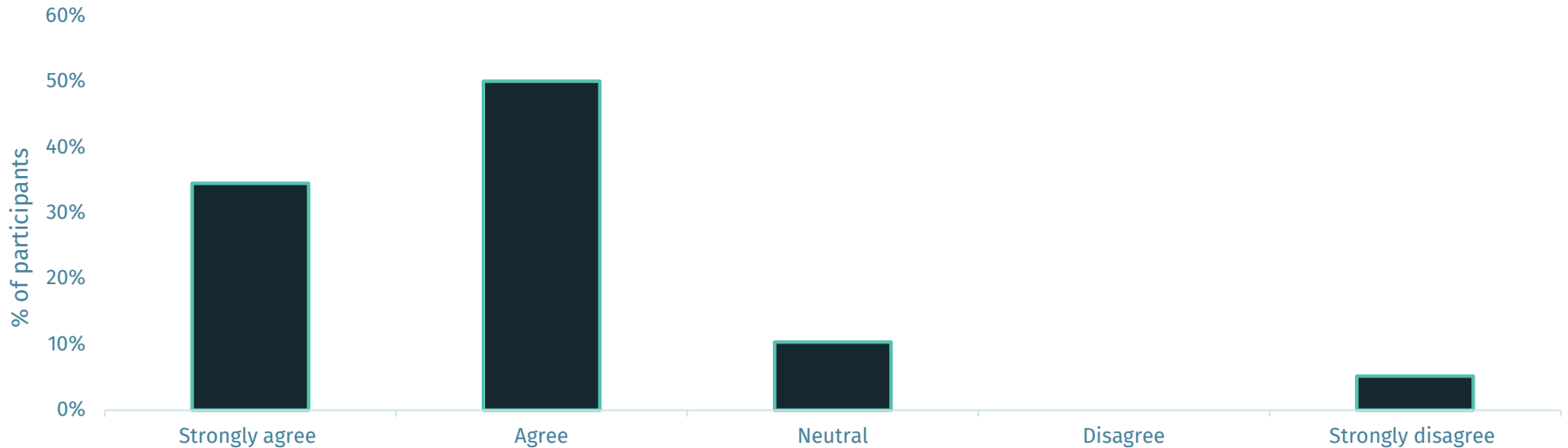
How participants rated their learning for ICD-10-AM/ACHI/ACS Twelfth Edition updates

I understand what has changed and where to find the ICD-10-AM/ACHI/ACS Twelfth Edition updates



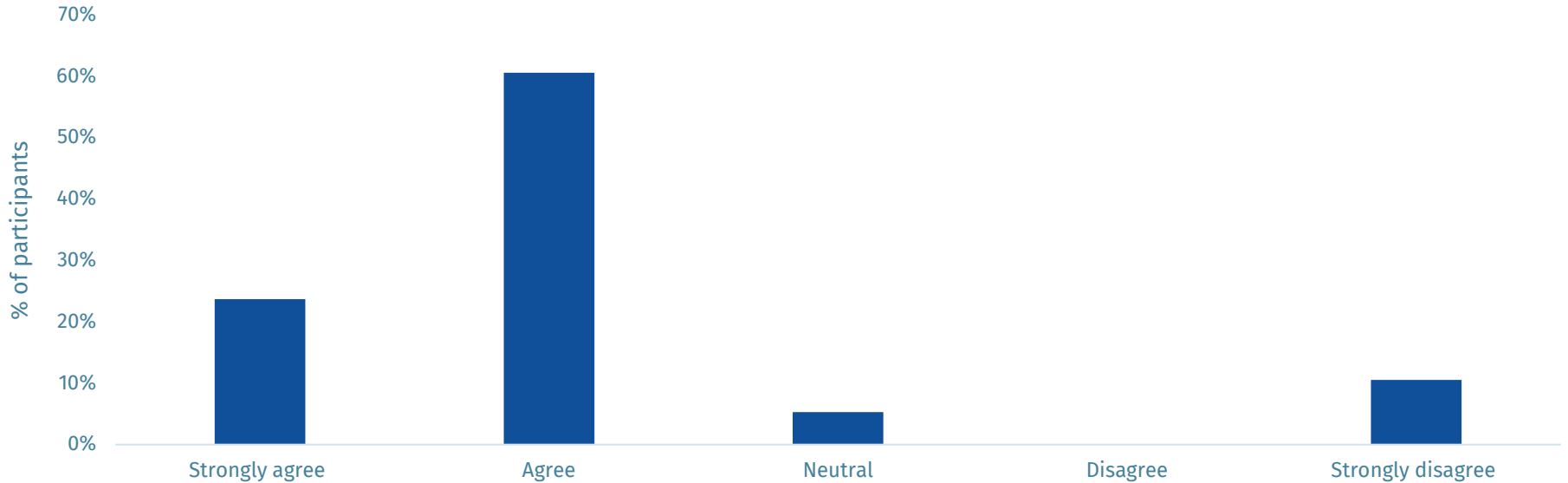
How participants rated their learning for the AR-DRG fundamentals module

Understanding the AR-DRG classification structure and grouping process through the AR-DRG V11.0 fundamentals module



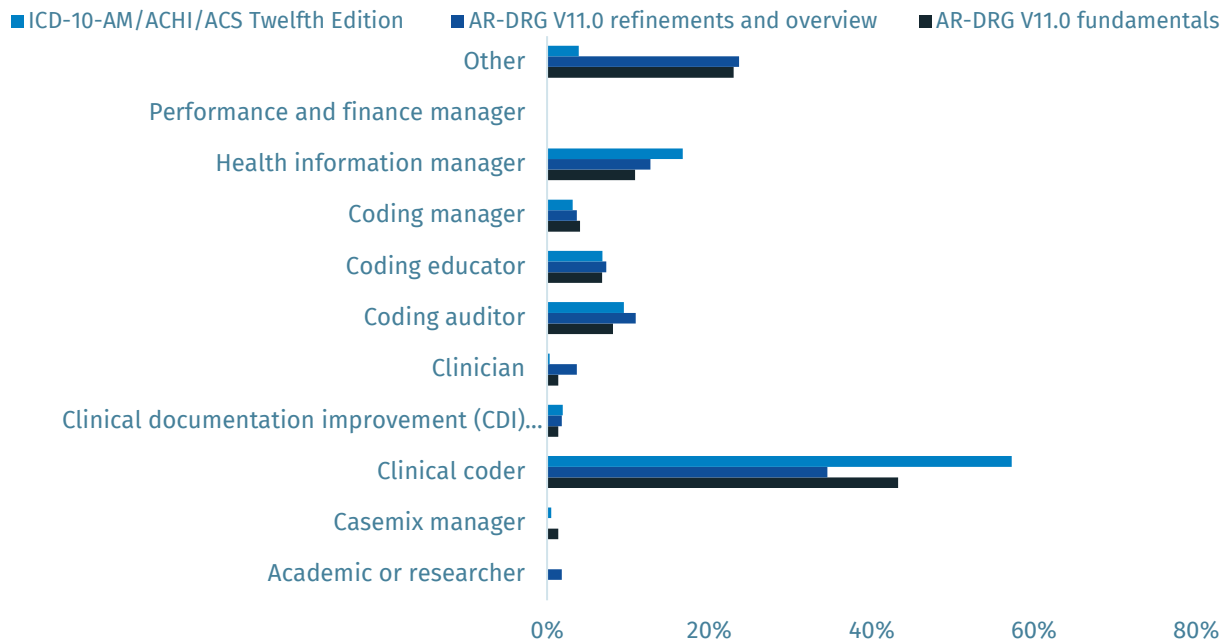
How participants rated their learning

Understanding the version specific and standard refinements



Participant roles

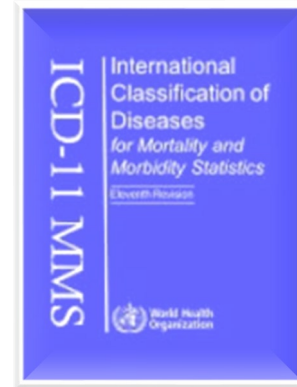
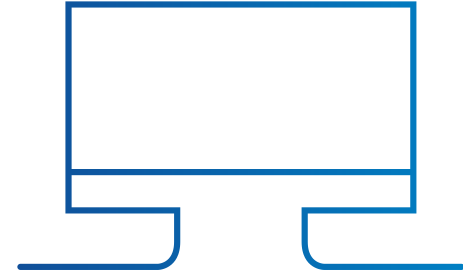
Participant roles by education stream



What about ICD-11?

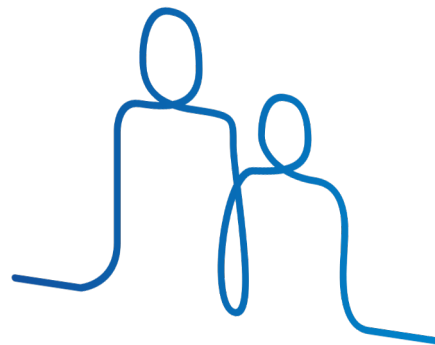
ICD-11

- ICD-11 became the international standard for reporting diseases and health conditions on 1 January 2022
- There is no in decision yet as to how or when ICD-11 will be implemented in Australia



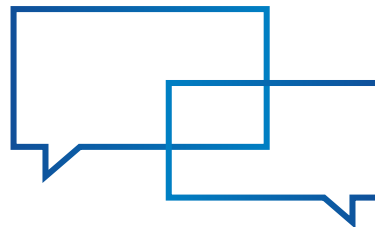
Australian ICD-11 Task Force (AITF)

- The AITF was established by the Australian Health Classification Advisory Committee (AHCAC) and held its first meeting in May 2022
- Membership includes jurisdictional health departments and relevant federal government agencies



Purpose

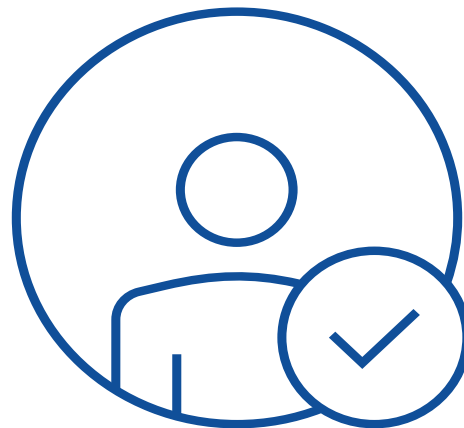
- Develop a broad, multi-year roadmap of activities required to inform decision makers on the implementation of ICD-11 in a range of contexts, particularly in relation to mortality and morbidity use cases



ICD-11 Projects

Two major projects identified by IHACPA in progress:

- **Cross walk** from ICD-10-AM to ICD-11
- **Cluster flag** to enhance Australian morbidity collections



Thank you

