Consultation Paper on the Pricing Framework for Australian Public Hospital Services

What should be included in online education for new editions of ICD-10-AM/ACHI/ACS?

Now with the advancement of online education tools via Webinar software it should be possible to have a live presentation of this material with this presentation being recorded. This live presentation would allow for more interaction with participants, although it should be noted that questions should be raised through the official Australian Classification Exchange(ACE).

I am very aware of the need of clinical coders to interact with fellow coders so this live presentation could be the vehicle to gather clinical coders together by the respective Australian States and Territories.

The on-line Challenge Quiz should have more than 5 questions, as the previous Challenge Quiz did not cover the vast changes that occur for each edition of ICD-10-AM/ACHI/ACS.

Specifically, the online education if it stays in its current format could include:

- Engaging presentation rather than words on a page read by the presenter
- What is changing by way of example of how episodes are coded in current edition V how coded in new edition
- Clinical explanation/knowledge sharing of changes e.g. introduction of new surgical technique (explain procedure)
- ACS – how the standard should be applied and how the standard should not be applied
- What is being retired and why (especially ACS & coding rules)
- Include complex real scenarios rather than simplified examples in workbook exercise
- Opportunity for coder to engage in discussion about why certain coding decisions were made or forum to submit queries and requests for further explanation (Timely response is crucial)

- Online material published in a searchable format so a coder can reference at a later date

There has been issues in the past with the non-transparency in communication in the final iteration by the ITG of an Australian Coding Standard. This, in turn, has lead to confusion in the education. Hopefully, in the future, there will be complete transparency in the process, so there are no surprises in the substance of an ACS and the subsequent education of this ACS.

How should AR-DRG education be delivered and what should it include?

There was education material for AR-DRG Version 8.0 and I believe that should be updated and even include a simple introduction in relation to AR-DRGs, it would be a very handy tool for staff in all public hospitals.

Specifically:

- Engaging presentation
- What is changing by way of example of how episodes are grouped in current version V how grouped in new version
- Rationale for ADRG changes (splits or no splits)
- Examples to explain complexity calculations
- Made available online for years to come because private sector are not using contemporary versions

What improvements to the content and format of the electronic code lists could be made to enhance their utility?

- MBS mapping updated with each MBS change

Is there support to replace the hard copies of the AR-DRG Definitions Manual and ICD-10-AM/ACHI/ACS with electronic versions?

The AR-DRG definitions manual should be in an electronic format, it would make it easier to access specific DRGs without the tedious nature of turning pages.

In relation to ICD-10-AM/ACHI/ACS , this electronic version will need to be at a compatible price to the existing books. Furthermore, it needs to be formatted in a manner that has easy indexing and compatible with the existing computer software in every hospital environment with easy copying of the disease or procedure code into the hospitals existing Patient Administration System(PAS), so it needs to be a more dynamic classification tool that is able to be updated mid edition/version.

If IHPA develops an electronic coding version of ICD-10-AM/ACHI/ACS will that be competing with the existing electronic coding tools, the three existing electronic tools being Pavilion Health CodeXpert, Eurofield Information Systems and 3M Codefinder?   Or will IHPA develop a very simple *pdf* document which cannot be used as a coding tool but this will comply with its Commonwealth responsibilities?   What sort of update mechanism will be available with this electronic tool?   I know that in many hospitals that use an electronic coding tool, that the hospital still purchases the Australian Coding Standards(Volume 5), so there is still a need in the industry to have the ACS in non-electronic version.

Also, deep understanding of how to use the coding books allows clinical coders to use existing electronic coding tools, the existing books reinforce the need to use the index and then the tabular list to arrive at the correct code

Another aspect of an electronic version of this vital coding tool is the acceptability of that tool in relation to University requirements for examinations. At one University in Australia, it is not

the University's responsibility to give students access to electrical power outlets so the student's respective laptop has to be fully charged for the total time of the examination.

Are there other suggestions for approaches or measures to assess impact and readiness of ICD-11 for use in the classifications used in admitted care, or more widely?

- Benchmarking coder accuracy in current edition (for assurance that clinical knowledge is not a confounding factor) then ICD 11 education & field testing to gauge understanding of classification concepts
- Mapping from 11 to 10 for data purposes

Do we have to have to all the responses in by the 9th October in relation to electronic books, I hope this will be discussed at the next ITG meeting?