New Zealand Ministry of Health – feedback 9 October 2020

The consultation paper seeks feedback on IHPA's proposals on the development and refinement of specific areas within the Australian public hospital service.

1. What should be included in online education for new editions of ICD-10-AM/ACHI/ACS?
The classification change document and chronical are very good resources and we would like these documents created in the future.
Ideally education on major and complex updates should be provided face to face, train the trainer.
On-line education should include all updates that require a change in coding practice.
I would be good if the on-line education provided is similar to the education provided at past face to face workshops e.g. rationale for change, showing the changes in the Index, Tabular and ACS between the current classification used and the new one, including clinical information/videos, coding examples highlighting the change, as well as linking any current coding rules. It would also be good if the education could cover the impact of change on data and AR-DRGs.
The on-line education could be done by developing body system modules by ICD-10-AM, ACHI and ACS, as not all hospitals have a wide casemix range. This would allow modules relevant to the coders to be allocated to them. It would be good if a portal could be developed (dashboard type view) where each jurisdiction could load the hospital and coders names and assign modules to them with dates for completion. If a coder doesn't complete the module by the date an alert is added next to their name. Once starting a body system module, coders can't move onto another body system module without completing some type of test (multiple choice, line coding, case examples) at the end of each module. Participation certificates should indicate what modules the coder has completed and the date they were completed.

2. How should AR-DRG education be delivered and what should it include?
The current documents provided (final report/technical specifications) are a good resource and we would like these to continue.
It would be great if a chronicle type document could be created for the AR-DRG manuals.
On-line education (modules) and interactive webinars targeting specific areas that have been updated, as well as providing examples would be good.
The on-line education and webinars could be split by basic to advanced technical updates or by MDC. It would also be helpful if webinars were recorded and uploaded to a portal for future reference, as not all countries upgrade to the same AR-DRG version as Australia or at the same time.
All documents and education material could also be uploaded to a centralised portal.

3. What improvements to the content and format of the electronic code lists could be made to enhance their utility?
A couple of suggestions are:
   • Block file – for each block listed I suggest adding columns to include the chapter and chapter title
   • Intervention file – it would be good if the procedure code didn't include the dash (–), as we need to strip these. Suggest also adding columns to include the chapter and chapter title for each code
   • Disease file – in Eleventh Edition it was good that the diacritic marks were removed e.g. M350 *Sicca syndrome [Sjögren]*. It would also be helpful if the decimal (.) on all codes was removed and columns added to include chapter and chapter title for each code.

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

Most of our hospitals use an electronic version of the ICD-10-AM/ACHI/ACS manuals with some hospitals purchasing one or two hard copy sets with each classification upgrade in New Zealand.
The New Zealand Ministry of Health (the Ministry) uses both electronic and hard copy ICD-10-AM/ACHI/ACS manuals and hard copy AR-DRG manuals.
The Ministry supports the development of an electronic version of the AR-DRG manuals but does not support the replacement of the hard copy; we would like both options available for AR-DRG manuals.

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The Ministry does not support the replacement of hard copy ICD-10-AM/ACHI/ACS manuals with electronic versions. The Ministry would like both hard copy and electronic options available for ICD-10-AM/ACHI/ACS with the hard copy manuals available for purchase as a full set and individually. Reasons are:

- coding teams with the Ministry use individual coding manuals e.g the New Zealand Cancer Registry (NZCR) and Mortality teams use ICD-10-AM Alphabetic Index and Tabular List manuals only.
- other teams within the Ministry and external agencies are familiar with coding manuals e.g data services, researchers. Often staff from other teams will borrow an individual coding manual for their work e.g. screening units
- editions of ICD-10-AM/ACHI/ACS are not supported in an electronic version after several years. It is important for the Ministry to have access to all editions ever used for reference for time series data analysis and for researchers
- the Ministry only purchases the number of licences required for the electronic versions and to be forced to purchase an electronic version when only the disease classification (ICD-10-AM) is used, or an unlimited licence in anticipation of multiple users within the Ministry, is not ideal
- the process to get an electronic version installed on a Ministry laptop is not always timely, which would be an issue if a staff member needs access to the manuals immediately
- non-coding staff may need help using and navigating around electronic versions.

It would also be great if there was a print distributor that could print the manuals or receive the hard copy manuals in bulk in New Zealand, as the postage costs are huge, and hospitals and the Ministry always have issues with Customs getting the manuals into the country.

5. 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?
We would like to request the jurisdictions (health departments/Ministry's) and/or the DRG and ICD technical groups are kept informed of findings from analysis and investigations.