Association for Healthcare Documentation Integrity
Statement on
ICD-10 Implementation

AHDI's Position

The AHDI vision is to "champion excellence in healthcare documentation and advance patient safety through precise capture of the patient's health story." Full-scale adoption of ICD-10 enhances our mission to protect the integrity of patients' health information by increasing the level of specificity in clinical documentation. It also places even more emphasis on accurate and complete record keeping.

The narrative story in conjunction with electronic health record (EHR) structured data will set the stage for ICD-10 compliance through documenting a comprehensive history of patients' health encounters, providing adequate information for clinical decision making and continuity of care throughout the patient's health experience, and will produce rich data for multiple areas along the workflow continuum such as coding, reimbursement, and research.

AHDI leadership anticipates ICD-10 implementation will increase documentation complexity and require improved quality control measures. Physicians are concerned about greater documentation specificity, increased volume, obtaining accurate reimbursement, and training regarding thorough documentation expectations. The healthcare documentation industry is uniquely positioned to help buffer the changes, facilitate physician adoption, and ease the transition into ICD-10.

As partners with clinicians, healthcare documentation professionals provide feedback by flagging errors and inconsistencies prior to authentication or signature. We can create standards, templates, macros, and smart text that can meet or exceed ICD-10 expectations, and historically, our industry is already implementing technology solutions and efficiencies through speech recognition (SR) with back-end editing, quality review of front-end SR technology, and optimizing dictated/transcribed EHR structured notes.

As the move to ICD-10 occurs, there will be enhanced attention to data integrity from the clinical as well as the health information management and information governance perspectives. AHDI has created tools to assist healthcare organizations and service providers with establishing and maintaining dictation best practices, quality metrics, quality review of clinician-created documentation, and patient engagement and verification. These tools match ICD-10 expectations and prepare clinicians, the documentation sector, and HIM departments to meet or exceed ICD-10 documentation consistency as it relates to pre-authentication documentation.

On behalf of all AHDI members, the AHDI National Leadership Board is in full support of the transition to ICD-10. Implementation mirrors excellence in patient healthcare documentation. Healthcare documentation specialists are a part of the healthcare team with specific emphasis toward attaining the unique patient health story, reflecting medical advances in the healthcare industry.

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