Improving External Cause-of-Injury Coding in State Morbidity Data Systems

Our goal:
High quality morbidity data coded by ICD-9-CM external cause-of-injury from all states and territories
Team Effort – NCIPC, NCHS, APHA, ASTHO, CSTE, STIPDA, SAVIR

- Expand use of E-coding in HDDS and HEDDS *(completeness)*
- Improve E-coding practices *(accuracy)*
- Improve specificity *(better documentation)*
- Improve availability of data for use in injury prevention efforts *(accessibility)*
Improving E-coding

- History
- E-coding Position Statements
- Work groups and activities
Selected History

- 1985 National recommendations (IOM, NCIPC, 1990 Objectives for the Nation)
- 1991 ICEHS → APHA Policy Statement
- 1993 UB-92 (1 designated E code field)
- 1997 ICEHS Status Survey → MMWR
  - 23 state HDDSs with E code mandates
- 1999 STIPDA Consensus “Green Book”
Selected History

- 2004 CSTE Update ICEHS Status Survey
  - 26 state HDDSs with E code mandates
  - completeness and specificity issues
- 2004 UB-04 recommendation (3 designated E-code fields)
- 2006 Home Safety Council and Suicide Prevention Advocacy Network forums
- 2006 House amendment to eliminate E-Coding
- 2007 State Injury Indicators report (third)
- 2007 Spring into Action to Revive
  - Release of revised STIPDA “Green Book”
  - Workgroup on External Cause Coding Improvement (WECCI)
  - CSTE position statement initiated
Position Statements

- CSTE, APHA, ASTHO, STIPDA, SAVIR
- Call for:
  - CDC to provide national leadership (NCIPC & NCHS joint effort)
  - E coding improvements in statewide HDDS (completeness, accuracy, specificity)
  - Coordinated federal effort (e.g., CDC, AHRQ, CMS, HRSA, NHTSA, SAMHSA, NIH)
  - Endorsements from nonprofit and professional organizations (e.g., SPAN, NSC, HSC, AAP, AHIMA, AHA, ACS-COT, ACEP, NAHDO, PHDSC)
CDC Workgroup for Improvement of External Cause Coding – Lee Annest/Lois Fingerhut (co-leads)
APHA-ICEHS Policy Committee – Sue Gallagher & Fred Von Recklinghausen (co-lead)
WECCI (Workgroup for External Cause Coding Improvement) – Mel Kohn (lead)
Coordinated effort of three groups key to success *(overlapping membership)*
CDC E-coding Improvement Workgroup

- MMWR Recommendations and Reports – March 28
  - launch of E-coding improvement effort
Recommended Strategies to Improve E-coding in State-Based Hospital Discharge and Emergency Department Data Systems

“Encyclopedia of E Coding”
MMWR-RR Report

- Provides understanding of role of E-Coding in injury prevention
- Discusses need for high quality E-coded data for injury surveillance and prevention
- Highlights efforts in a few states
- Three sets of strategies recommended
  - Improving communication among stakeholders
  - Improving collection of E codes
  - Improving the usefulness of E-coded data for injury prevention efforts
Leading Causes of Injury-Related Death, Hospital Discharges, and ED Visits, 2003-2005

Deaths

- Falls: 11%
- Poisoning: 10%
- Firearm: 18%
- MV Traffic: 26%
- All Other: 18%
- Suffocation: 8%

Hospital Discharges

- No Mechanism Stated: 37%
- Falls: 26%
- MV Traffic: 9%
- Poisoning: 10%
- All Other: 18%

ED Visits

- Struck by/against: 13%
- MV Traffic: 12%
- Cut/pierce: 8%
- No mechanism stated: 10%
- Falls: 20%
- All Other: 30%

Statewide Hospital Discharge Data Systems, by E-coding Status
Statewide Hospital ED Data Systems, by E-coding Status
CDC E-coding Improvement Workgroup

- MMWR Recommendations and Reports – March 28 (launching effort)
- Inform partners/stakeholders
- Inform HHS Data Council (Ed Sondik)
- Planned meeting of federal partners this summer (@ NCHS Data Users Conference)
- Broader meeting of federal agencies and other stakeholders and partners
  - get buy-in from private stakeholders (e.g., health plan organizations, auto insurance co.)
  - motivate efforts by nonprofit partners
APHA-ICEHS
Policy Committee

- Article in APHA’s Nation’s Health Newsletter about improving E coding issue and the MMWR RR
- Draft letter for Dr. Georges Benjamin (executive director of APHA) – invite 20 other organizations to do policy statements
- E-coding campaign tool kit (why E codes are important – tell your mom about it)
- Explore use of CMS new requirement for “present on admission (POA)” codes to improve EC coding
  - routine assignment of POA to E codes
WECCI

- Work with NSC to develop position statement
- Reach out to NAHDO to develop position statement
- Seek endorsements from AHIMA, ACS, ACEP and ATS
- Explore opportunity to emphasize EC coding in S. 628 – Critical Access to Health Information Technology Act
  - implementation of ICD-10-CM in 2011
  - statement to encourage E-coding