New initiatives for coding and classifications in Norway

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Agenda

• Presentation of the new Directorate of eHealth and its tasks
• The national program for classifications and terminologies
• Quality in coding and the initiative for education in coding
Health care in the municipalities in Norway

2016: 428 municipalities

**Health services**
- GP doctor
- Professionals in rehabilitation
- Institutions for health care
- Home care services
- Preventive medicine for children and young
- Preventive medicine in schools

**Dental services (County)**

**Child welfare**

**Social services**
- Housing
- Economic support
- Individual rehabilitation plan
- Vocational measures

**Classification**
- ICPC-2
- IPLOS
- SYSVAK

**New registry for municipal health care services**

**Norwegian Patient Registry (NPR)**
Specialized Health Care in Norway

Public hospitals

Private hospitals

Specialist physicians

Private specialized institutions (rehab., drug abuse)

Pre-hospital services

National classification systems
- ICD-10
- NCSP
- NCMP
- NCRP
- ATC
- (ICF)
- Codes for special purposes
- National admin. classifications

Norwegian Patient registry (NPR)

Helse SørØst RHF
Helse Midt RHF
Helse Vest RHF
Helse Nord RHF

20.05.2016
Two roles for the Directorate of eHealth

**Authority**
National steering and coordination of eHealth in close cooperation with
- regional health authorities
- local authorities
- technical organisations
- other

**Establish national ICT-solutions**
Develop and administrate digital solutions to improve and simplify the health care and welfare sector

20.05.2016
Norwegian Directorate of eHealth

National board for eHealth
- Members: Appointed by the Directorate.
- Arena for national management and coordination; advisory for the Directorate

Priority committee (NUIT)
- Members: Technicians.
- Strategic advises
- Recommends annual prioritization of national e-health portfolio, and actions related to discrepancies in national e-health portfolio

Subject committee (NUFA)
- Members: Health, IT and administrative professionals.
- Professional judgement and advice on national e-health strategy, national e-health portfolio, national solutions and selected national projects
- Assesses the needs in the health sector and suggest priorities
National program for classifications and terminologies (C&T)

Aims for 2020:
• Prioritized disciplines have their needed classifications and terminologies
• National classifications are updated
• Classifications and terminologies, and their manuals, are available for use directly from the operative systemes
• The quality in the coded information is sufficient
• The standard terms in the ICT-systems for professionals are correctly and consistently used

20.05.2016
Quality in coding

• Several studies of quality in coding in Norway over the last 10 years

• Conclusion: quality is not as good as desired
  – 30% mismatch when comparing patient records to the conducted coding

• Poor coding quality has consequences for
  – National statistics on activity in health care services
  – Financing
  – Registers of health care quality
  – Statistics on morbidity and mortality
Education in coding

• Project i Program C&T
• Aim: Make e-learning modules for different clinical specialities
• Purpose: Develop freely available learning material for local education in coding
Indicators of coding quality

• Prepared in cooperation with NPR
• Set of about 20 indicators elaborated based on the encoding rules
• Indicators are run by NPR against the regular reports from the specialized health care
• Results are analyzed in our department
  – Publishing in progress: comparisons between treatment centers
• Deviations will indicate
  – increased need for training, both locally and nationally
  – need for change in EHR-software
<table>
<thead>
<tr>
<th>Indicator ID 4</th>
<th>Portion of reported conditions, respectively procedures, containing void codes (except ATC-codes)</th>
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</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Expose level of update in the patient administrative system’s code classifications.</td>
</tr>
<tr>
<td><strong>Error severity</strong></td>
<td>Serious</td>
</tr>
<tr>
<td><strong>Can be identified by the sender of data</strong></td>
<td>Simple</td>
</tr>
<tr>
<td><strong>Most likely cause</strong></td>
<td>Misregistration, or defective update of the classifications at the reporting location</td>
</tr>
</tbody>
</table>
| **Rule**      | Only valid codes are to be used.  
ICD-10: The code is to be valid for the day of the patients discharge.  
Procedure codes: The codes are to be valid for the day the procedure is performed.  
• When the ICD-10 code for the main condition is void: episode is automatically placed in DRG 470 (not classifiable)  
• When the procedure code is void, the episode is discarded for financial purposes. |
Results from 2015

• Several coding rules are not satisfactory followed
• Several EHRs allow the operator to register void codes
• The EHRs do not support multiple coding
• The EHRs do not support some elementary coding rules
  – Exemple: Coding according to age
Main challenges in medical coding

• Technical support for correct coding in the EHRs is scarce
• Coding is time-consuming and hence unpopular among doctors
  – «Less is better» or «all in?»
• Comprehension of the coding purpose is biased towards funding
  – purpose of health care statistics is less well accepted and understood
• Coding and classification is a demanding discipline
  – Recruiting personell for the national management is a challenge
  – No national education programme for coders
Summary

• Norway has a new Directorate of eHealth with tasks in both governance and management

• A programme for classifications and terminology in the Directorate has many ongoing projects
  – New classifications, standardization and quality of coding are areas of commitment

• Use of the medical classifications has been and will, for a long time, probably be a challenge
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Thank you for your attention!