



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

February 25, 2014

The Honorable Secretary Kathleen Sebelius  
Secretary, Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of the American Academy of Family Physicians (AAFP), which represents 110,600 family physicians and medical students nationwide, I am writing to raise concerns and suggest important recommendations regarding the upcoming deadline requiring all physicians to transition to ICD-10-CM. As you know, all physicians, hospitals, and other health care providers will be required to submit claims using ICD-10-CM starting October 1 of this year.

While we recognize that the implementation deadline has previously been delayed to provide additional time for physicians and other health care providers to transition from ICD-9 to ICD-10, we are deeply concerned that even for those practices that have made the transition; the system will fail due to a lack of appropriate education and end-to-end testing. Specifically, we are troubled that training and testing, to date, has focused on hospitals and large health systems with an almost complete disregard for small and medium sized physician practices.

The AAFP is pleased that the Centers for Medicare and Medicaid Services (CMS) currently offers a variety of ICD-10-CM education and training resources for physicians and payers alike, primarily through its web site. The AAFP also has invested substantial resources into developing and providing tools that will assist our members with the transition to ICD-10 CM and we will offer additional training and tools to members over the next 7 months as the current compliance date for ICD-10 CM draws near. However, we are becoming more convinced daily that resources, tools, and education materials are woefully inadequate to prepare the hundreds of thousands of physicians practicing medicine – especially those that are not aligned with a hospital or health care system. In this spirit, we urge the Department of Health and Human Services to substantially increase the available financial resources to CMS so that they may offer more and better education and training to physicians – especially those in solo, small and medium sized practices. Additionally, we urge you to specifically provide funding to Medicare administrative contractors to provide training to physicians and their staffs on how to use ICD-10-CM correctly by October 1, 2014.

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In addition, we are hearing from our members across the country that their efforts to plan and test for the implementation of ICD-10 with many health plans and other payers has been very challenging, overly expensive, chaotic, and with only sporadic success. Importantly, our members and most physicians see no clinical benefit to patient outcomes for the adoption of ICD-10-CM. **We therefore strongly urge you to again delay this implementation for at least an additional year to allow for these issues to be considered and resolved.**

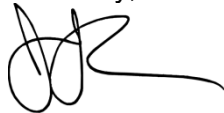
While the above request for further delay in implementation is most important to our members and their patients, if this is not possible, then we urge you to require CMS to start monthly testing to ensure that physicians and other health care providers are able to use the ICD-10-CM with Medicare administrative contractors, Medicare Advantage plans, and all other payers and health plans. The AAFP is deeply concerned that testing has been focused on hospitals and large health systems and has ignored the small and medium sized physician practices that comprise a majority of the current workforce. These practices face the greatest financial challenges in both adopting and implementing this system. They simply cannot afford to have disruptions in revenues as a result of an unprepared billing system.

We appreciate that CMS recently made the decision to perform testing with practices during the week of March 3<sup>rd</sup>, but this is woefully insufficient. Consistent with our comments above, the AAFP recommends that the Department of Health and Human Services require CMS to ensure that small and medium sized practices are included in the readiness testing during the week of March 3<sup>rd</sup>. Additionally, we strongly recommend that CMS be required to offer end-to-end readiness testing each month for one week over the next 5 months (March to July). At the conclusion of these testing periods, CMS should publish the results of this testing that includes a confidence interval on the effectiveness of the system well ahead of October 1 implementation deadline. If that confidence interval is less than 95%, we urge you to immediately delay implementation of ICD-10-CM for all physicians.

In closing, we recognize the overwhelming impact the transition to ICD-10-CM will have on family physicians and the healthcare industry as a whole. However, our concern is that small and medium sized practices may not have the resources for comprehensive training needed for a successful transition. It also appears that such practices will not be prepared for successful testing and implementation with all their payers by October 1. The resulting interruption to cash flow in October and beyond could potentially put these small and medium sized practices out of business, negatively impacting access to care for their Medicare and other patients, especially in rural and underserved areas where small practices are often the only source of primary care.

The AAFP and our members thank you for your consideration of these recommendations. We believe they are sensible and appropriate. Please contact Shawn Martin, Vice President of Practice Advancement & Advocacy at [smartin@aafp.org](mailto:smartin@aafp.org) with any questions or clarifications you or your staff may need.

Sincerely,



Jeffrey J. Cain, MD  
Board Chair