# The Kuwait ICD-11 experience Lessons learned



WHO ICD-11 implementation strategy and country experiences

16 May 2022

#### **Kuwait ICD profile**











**Population**4.8 million

main funder, provider & only regulator of healthcare

**MOH** 

Funding
Annual budgets
(No DRG system)

Since 1996 - coding discharge diagnoses, basis of national morbidity health statistics

**ICD-10** 



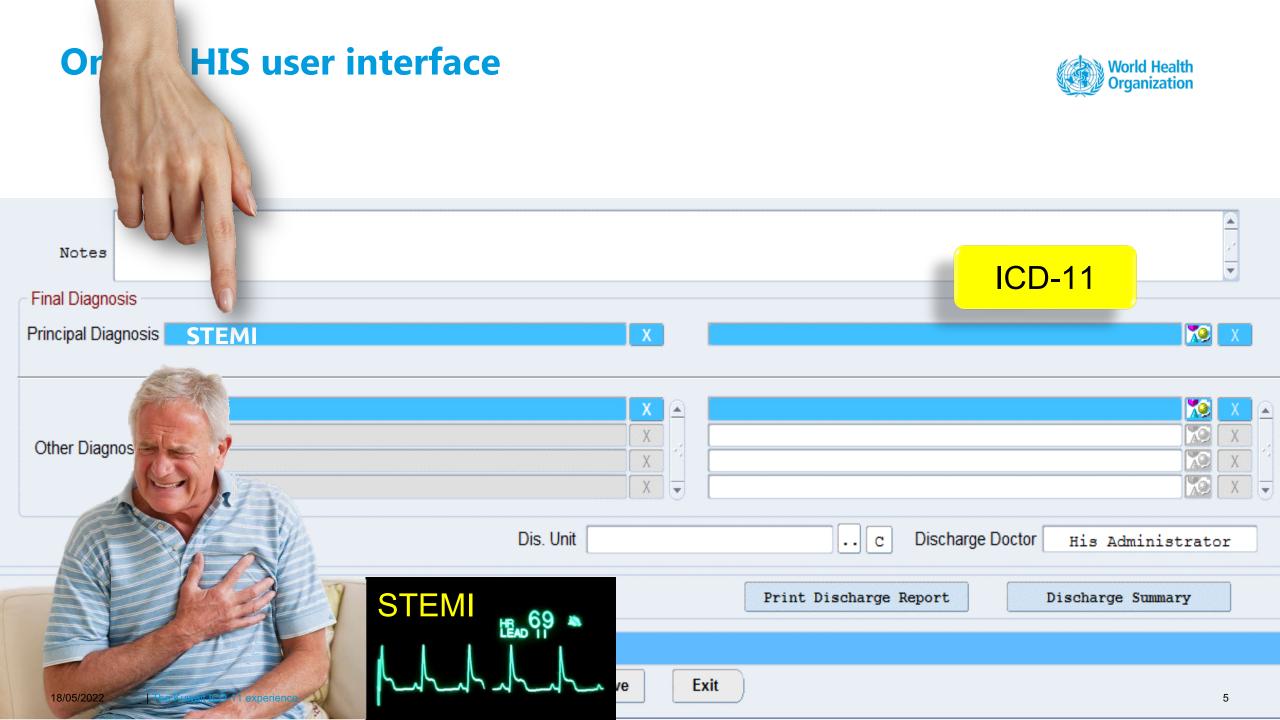


ICD-11 was successfully implemented for documenting final diagnoses by physicians in the OPD & inpatient wards in the largest public hospital by installing the coding tool on the hospital information system



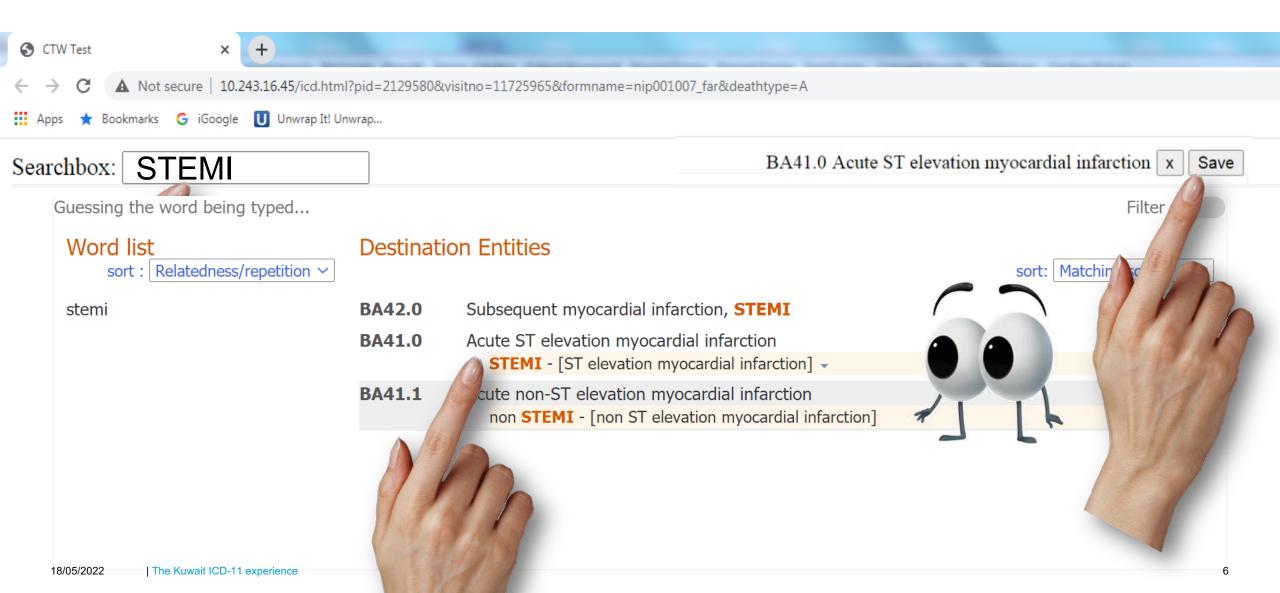




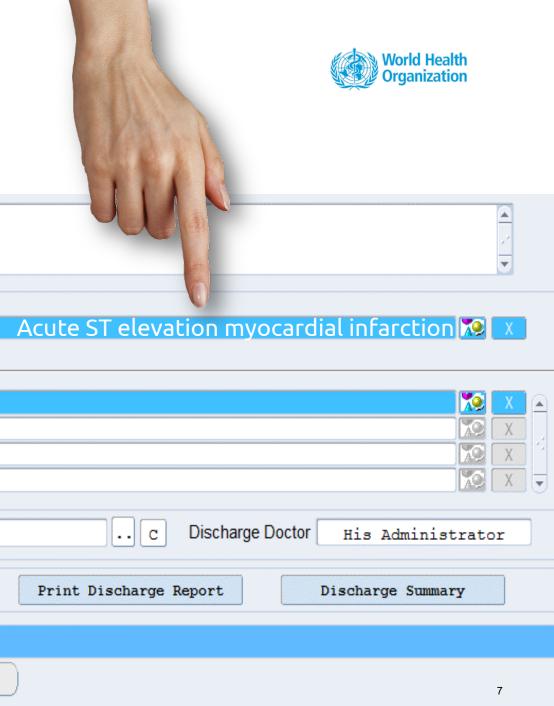


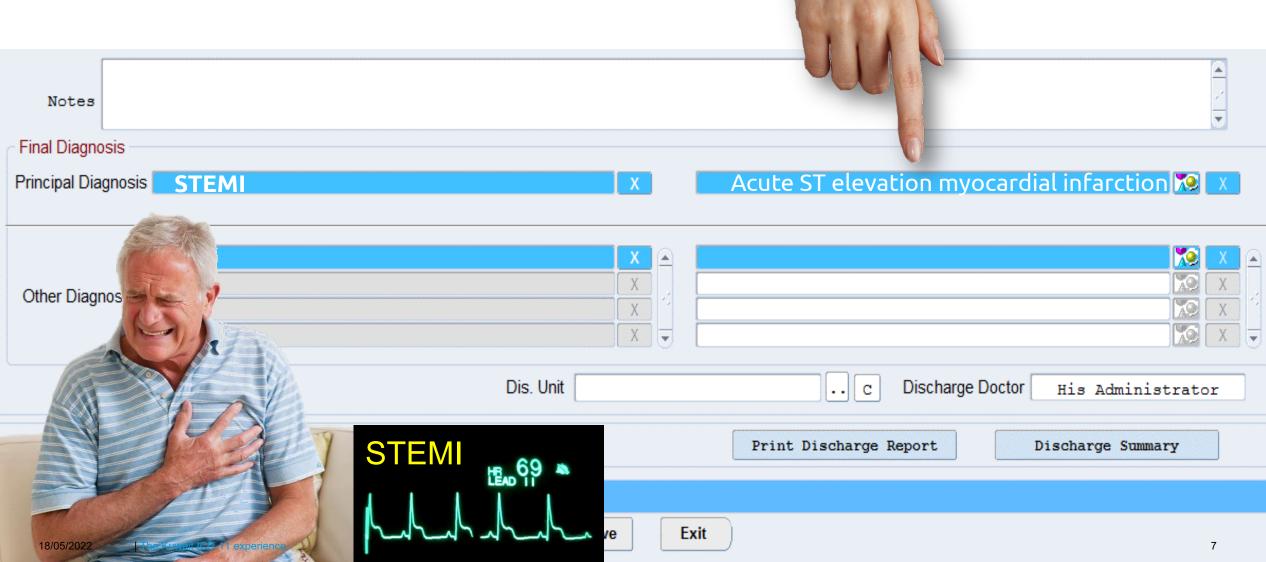
#### On the HIS user interface





#### On the HIS user interface





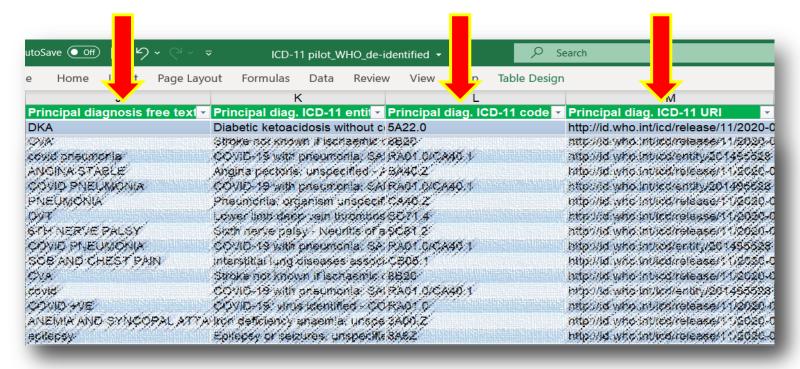
#### In the database

#### Automatically captured



Free text diagnosis by Dr.

ICD-11 ICD-11 code URI



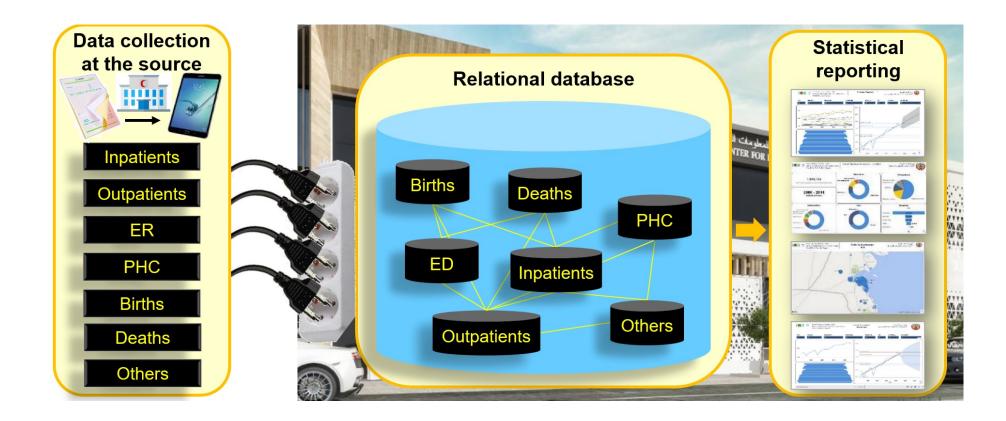


# **Facilitators**



#### **National automation project**

Moving from paper-based system for national reporting to an electronic one





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#### National health system requirements

Need for a **DRG** system using WHO classifications





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## **National challenge**

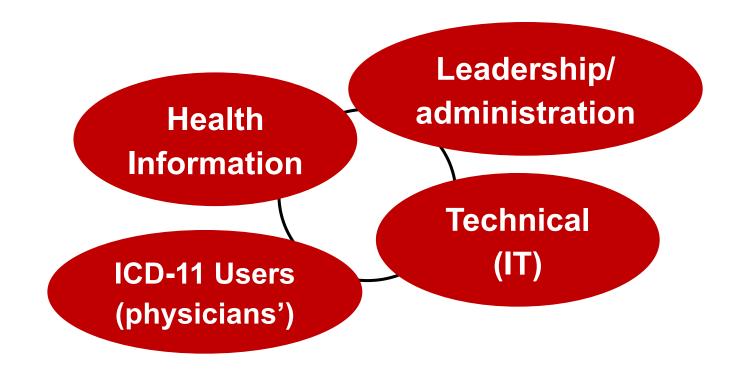
Lack of experienced qualified medical coders





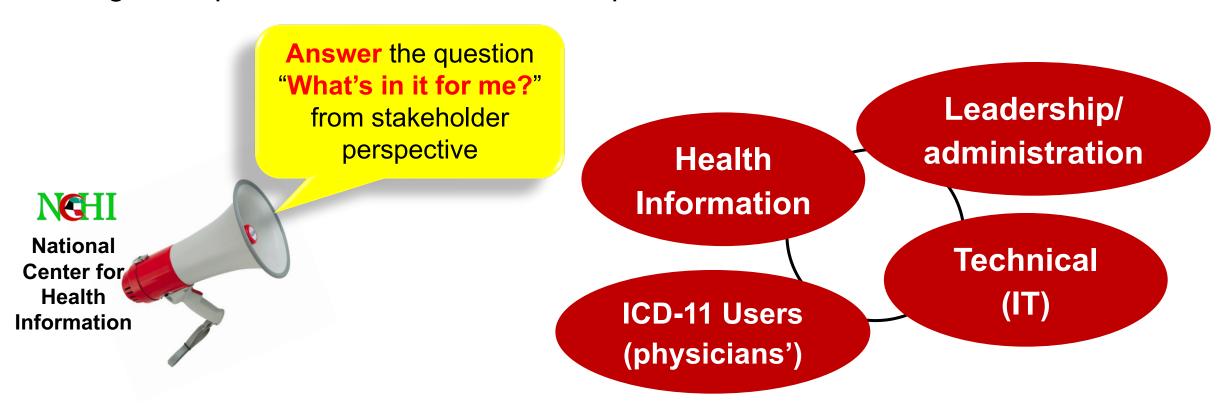
## **Leadership commitment and support**

Benefit from leadership commitment to guarantee formal approvals, resources, and effective communication between different stakeholders





Change management process requires tailored stakeholder-specific messages for persuasion - the readiness phase





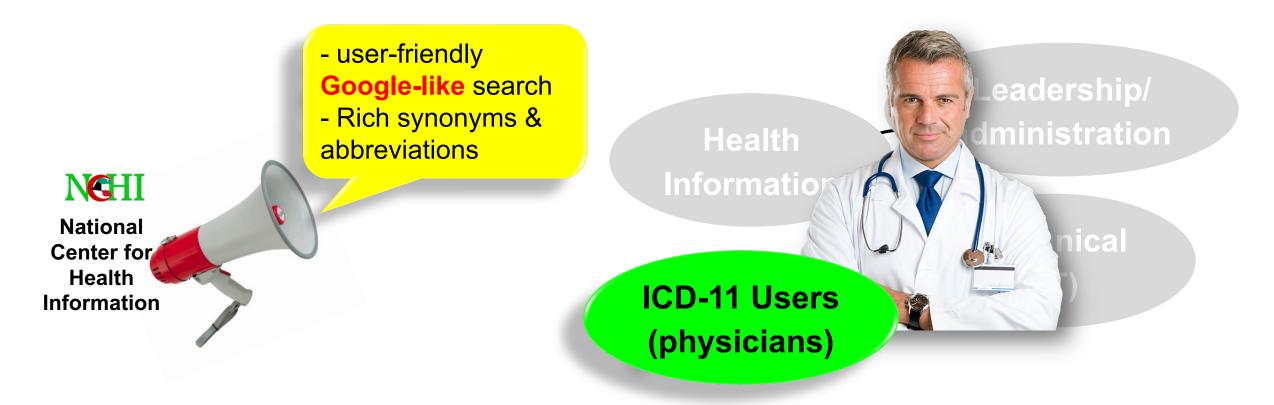
Change management process requires tailored stakeholder-specific messages for persuasion - the readiness phase



Dr. Mohammed Al Rashidi Director of Farwaniya Hospital

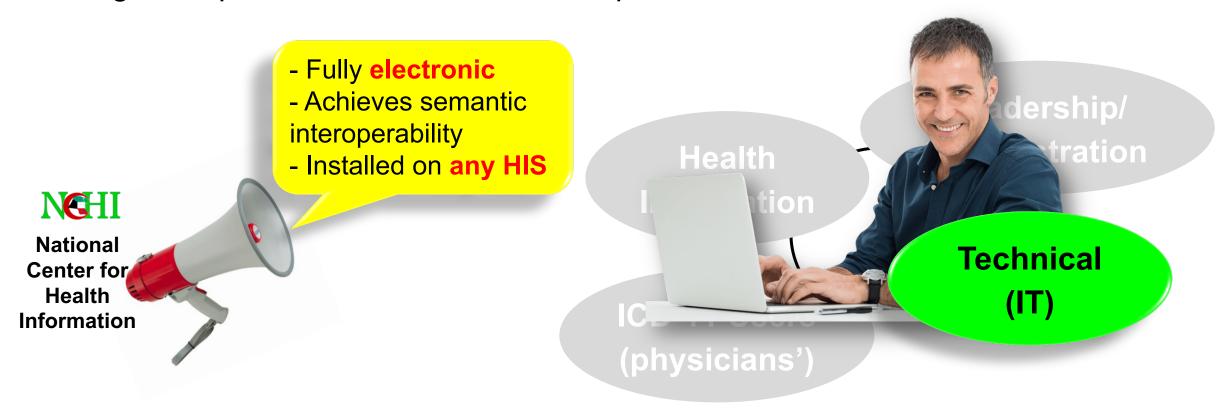


Change management process requires tailored stakeholder-specific messages for persuasion - the readiness phase



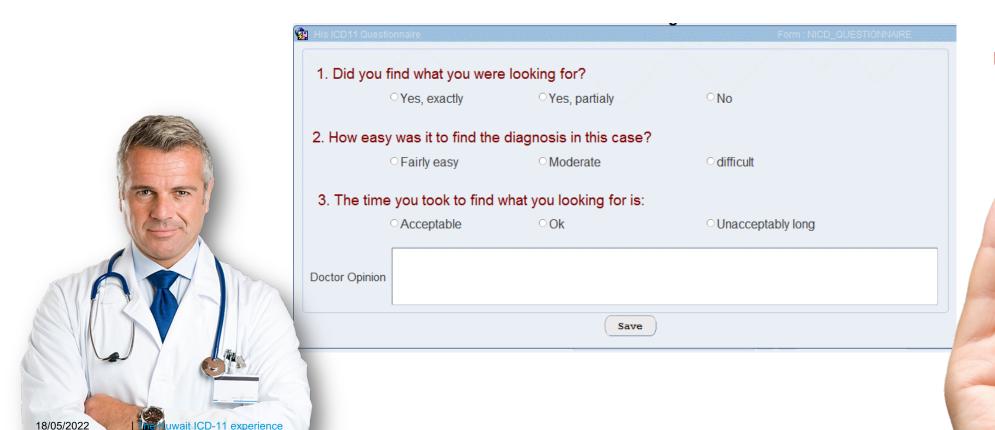


Change management process requires tailored stakeholder-specific messages for persuasion - the readiness phase





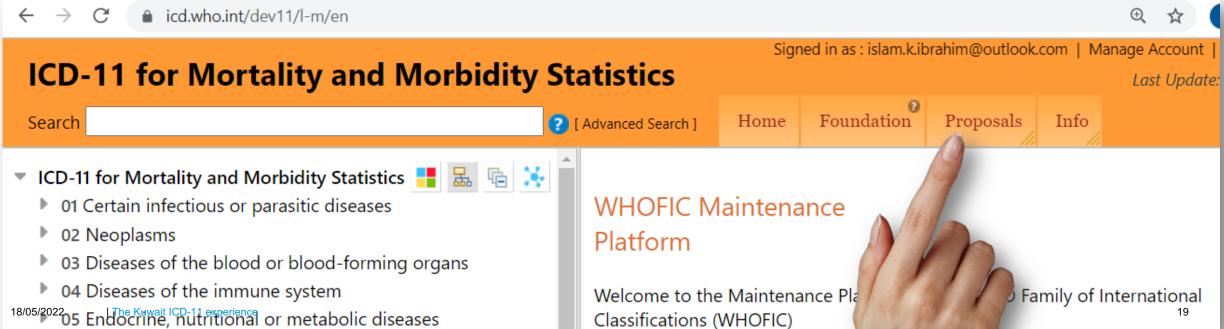
Change management process requires capturing the voice of the users (physicians) as they experiment with ICD-11- the adoption phase



# Brief user-experience survey



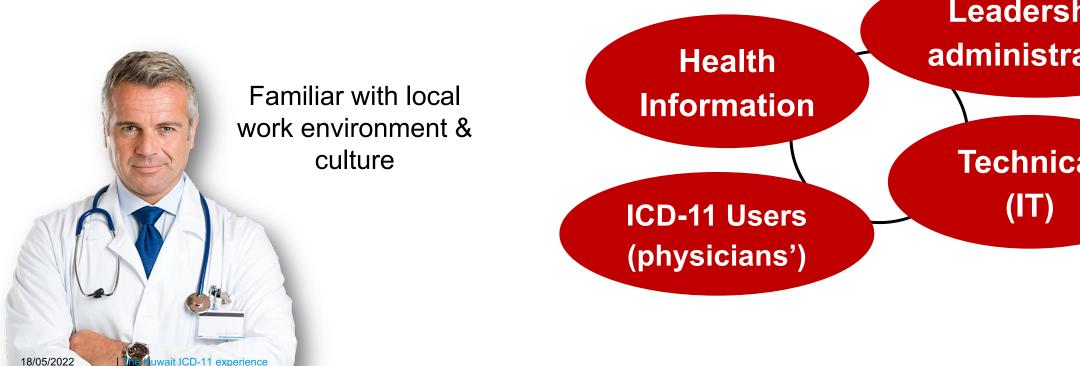






#### **Team approach**

- Multidisciplinary team involving representatives of all stakeholders
- Users (physicians) accept change when involved in making decisions



Leadership/ administration **Technical** 



Variable options to access
 (attend in person, watch video)

Short duration

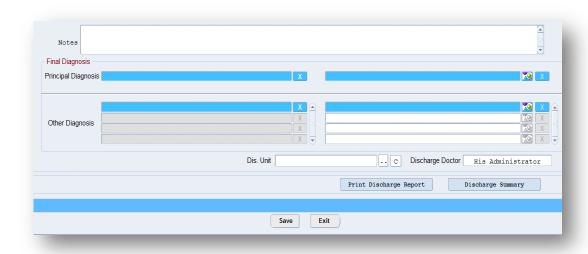




- Variable options to access
   (attend in person, watch video)
- Short duration
- Uses screenshots from own hospital HIS for familiarity



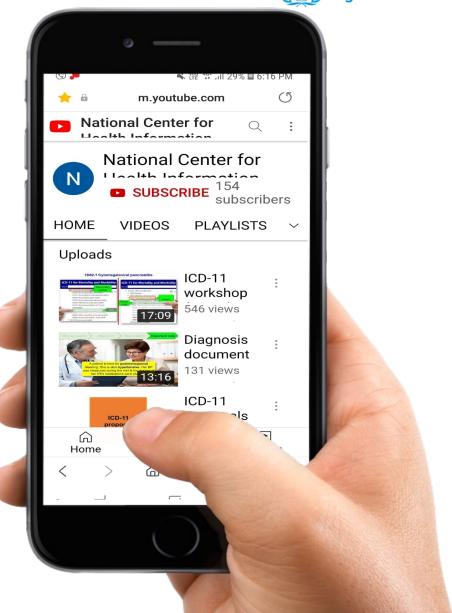
- Focus on changes made to their own HIS not on ICD-11 codes per se
- Reduced potential resistance to change by clinicians





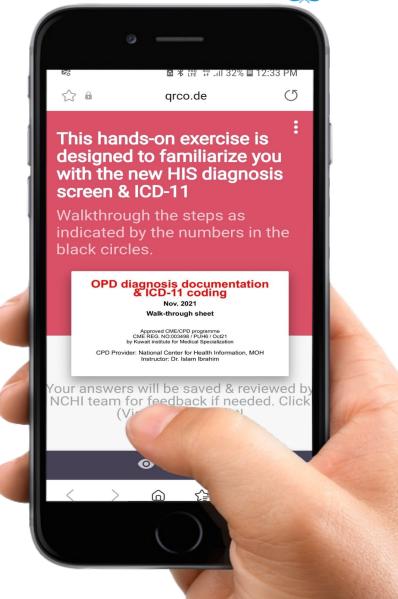


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- Variable options to access
   (attend in person, watch video)
- Short duration
- Uses screenshots from own hospital HIS for familiarity
- Wide dissemination using social media (WhatsApp, YouTube)
- Hands-on exercise (computer lab for pilot, virtual simulation for full implementation)











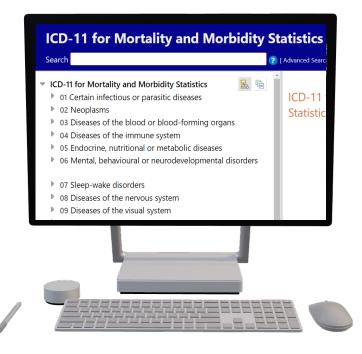


#### **On-site support**

- During the pilot
- At the beginning of full-hospital implementation







# Daily rounds on all computer workstations



Phone numbers were available at the workstations to provide around-the-clock support



## **Opportunity for future CDI**

ICD-11 codes will only truly reflect the final diagnoses at discharge if the **correct diagnosis is documented** by the physician.

Implementing ICD-11 onto the system was a chance for NCHI to improve the final diagnosis screen by implementing a simple change, namely distinguishing between the **principal** diagnosis & **other** diagnoses.





# Challenges & other considerations



## **Procedure coding and DRG systems**

- Only Beta version of ICHI available
- No ICHI API yet
- Awaiting DRG system that uses both ICD-11 and ICHI



## **Physicians as ICD-11 users**



- Lack of interest in coding guidelines & insufficient time for training on morbidity coding guidelines
- In case of DRG system, experienced qualified coders are still required



- Fewer medical coders needed, as the code for each diagnosis is assigned automatically when the physician uses the ICD-11 coding tool to document the diagnosis
- Shift in HIM professionals' time & skills towards much needed roles, such as auditing and CDI



## **Comparing pilot results between countries**

- Should be treated with caution!
- Results from ICD-11 morbidity pilots will not only reflect ICD-11 as a classification but will also be confounded by the prior quality of clinical documentation





#### **IT** issues

#### **IT problems** were promptly resolved

Otherwise, we risk **physician dissatisfaction** with the whole experience, as physicians may come to associate ICD-11 with HIS problems.



## **Sharing the experience!**











ورشة عمل جاهزية تطبيق الترميز الطبي الدولي النسخة 11 في دول مجلس التعاون الخليجي Readiness to adopt ICD11 Implementation in GCC





lassification of Diseases 11th Revision implementation in countries, 7<sup>th</sup> -8<sup>th</sup> April 2021

Promotion of International Classification of Diseases 11th Revision (ICD-11) and International Classification of Health Interventions (ICHI) in morbidity, mortality, and medical intervention registration system

**Tentative** dates: 23 to 24 August 2021



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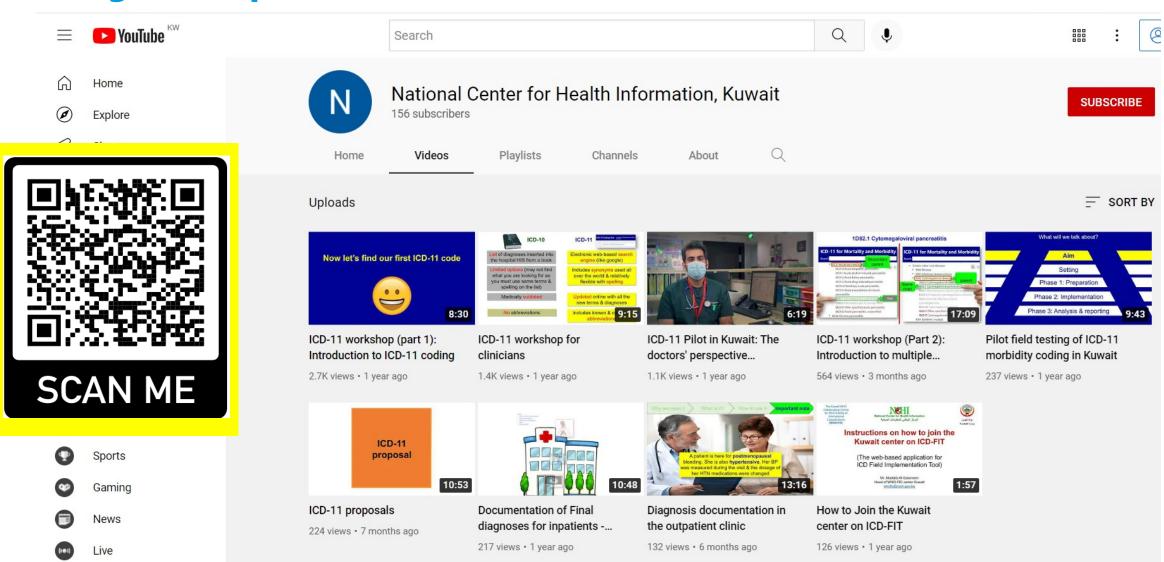
7-8 Dec, 2021

WHO-FIC Annual Network Meeting 18-22 October 2021

'Unleashing the power of innovation in health information'

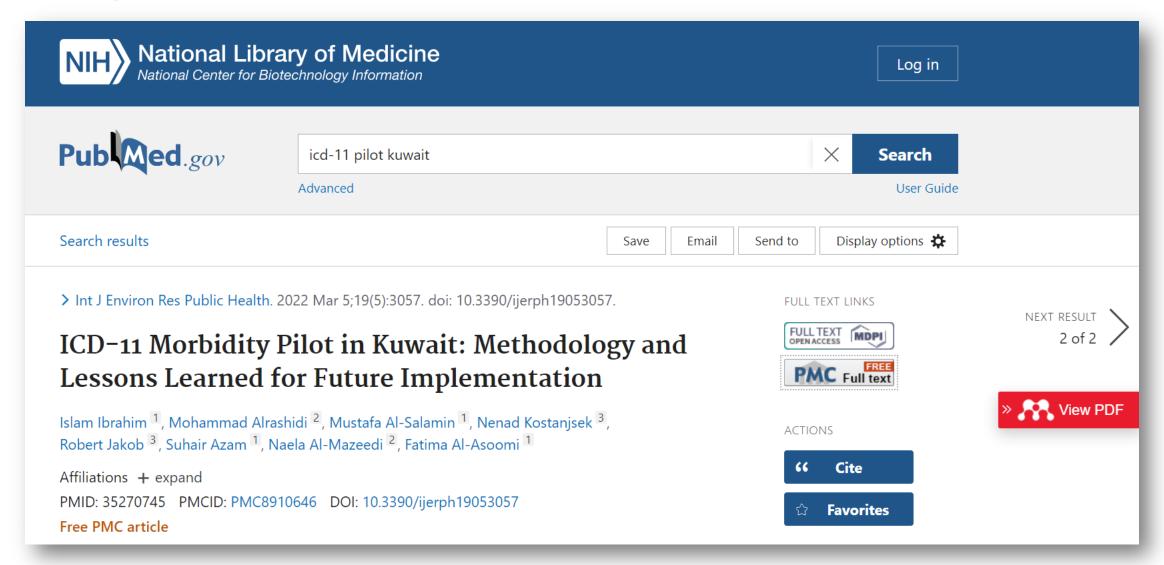
#### **Sharing the experience!**







## **Sharing the experience!**



# Thank you



