

# NCVHS ICD-11 RFI Comment

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This document is submitted by the Massachusetts Health Data Consortium (MHDC) and its Data Governance Collaborative (DGC) in response to the ICD-11 RFI posted in the Federal Register on June 13, 2023 and found here: <https://www.federalregister.gov/documents/2023/06/13/2023-12617/national-committee-on-vital-and-health-statistics-meeting-and-request-for-information>

## About MHDC

Founded in 1978, MHDC, a not-for-profit corporation, convenes the Massachusetts's health information community in advancing multi-stakeholder health data collaborations. MHDC's members include payers, providers, industry associations, state and federal agencies, technology and services companies, and consumers. The Consortium is the oldest organization of its kind in the country.

MHDC provides a variety of services to its members including educational and networking opportunities, analytics services on both the administrative and clinical side (Spotlight), and data governance and standardization efforts for both clinical and administrative data (the Data Governance Collaborative/DGC and the New England Healthcare Exchange Network, respectively).

## About DGC

The DGC is a collaboration between payer and provider organizations convened to discuss, design, and implement data sharing and interoperability among payers, providers, patients/members, and other interested parties who need health data. It is a one stop interoperability resource. The DGC primarily focuses on three areas:

1. Collaboration: Development of common understanding of and specifications for data standards, exchange mechanisms, and what it means to participate in the modern health IT ecosystem
2. Education: helping members understand their regulatory obligations, the data and exchange standards they're expected to use, and modern technology and related processes
3. Innovation: Identification and development of projects and services needed to make modern health data practices and exchange a reality

## Timeframe for Comment

We urge NCVHS to provide a longer response window for future RFIs and other regulatory requests for comment. 17 days is not a sufficient time period for a comprehensive response, particularly when it overlaps with existing healthcare-related regulatory deadlines such as the deadlines for comment on ONC's HTI-1 NPRM (June 20) and USCDI+ for Quality (June 30).

MHDC facilitated the transition from ICD-9 to ICD-10 in Massachusetts and, had there been sufficient time, would have provided a detailed and (hopefully) useful response based on lessons learned from the previous transition. We hope to be able to engage further in later stages of the regulatory process.

## Code Mapping Considerations

We urge NCVHS and any other relevant entities to consider that moving to ICD-11 affects more than existing ICD-10 usage. There are other ways to represent the same data and direct, consistent, repeatable, idempotent mappings between ICD-11 and other code sets (such as SNOMED CT) are an important part of the transition, particularly for data exchange and interoperability requirements. We understand the biggest lift is the replacement of ICD-10 with ICD-11, but please consider these ancillary needs as well in your deliberations.

## Timeline for ICD-11 Adoption

We urge NCVHS to consider the proper timing for ICD-11 adoption. There are a great number of existing health data and health IT requirements in the pipeline related to interoperability, data standardization, and data access. Many of these already involve significant modifications to how systems and processes work by requiring use or support of FHIR. While we understand the need to progress in all areas and to adopt standards that are starting to be used internationally here in the United States, we also note that healthcare entities have a limited amount of resources to devote to health data and IT projects and believe that there might be benefits to waiting to move from ICD-10 to ICD-11 until after more payers, providers, vendors, and others are further along in the process of complying with existing ONC and CMS rules, perhaps until after the current set of deadlines pass in January 2026.

Regardless of the exact timing chosen, we urge careful coordination of various regulatory deadlines with changes requiring extensive data and/or IT updates.