

Alberta Doctors' Digest

A modernized Alberta health system requires modern coding

If we were to ask any of our colleagues about health service and billing codes in Alberta, there would undoubtedly be a mix of reactions and perhaps frustrations, whether it be about the administrative burden or outdated processes.

As physicians have quickly adapted how we deliver patient care during the pandemic, how the care is coded has lacked the agility to keep pace with the speed of change, whether it be monitoring patients remotely or conducting COVID-19 testing. Our billing code system to document procedures and other patient services — created decades ago — is confusing and infrequently updated and does not reflect modern medicine. In fact, the codes entered do not always accurately reflect our work — sometimes an accurate code doesn't even exist, which is the case for genetic counselling. As it stands, the outdated codes in use in Alberta are a barrier to innovation.



A more up-to-date and consistent coding system would help doctors identify trends and care gaps (photo credit: Anncapictures, Pixabay.com)

COVID-19 has exacerbated some of these challenges, and there is a unique opportunity for Alberta's health-coding system to change as we look to the future and undergo multiple transformations to be more efficient as a provincial health system. With a more agile and innovative coding system, I am optimistic that we can be more efficient with access to more accurate data.

If we had a more up-to-date and consistent coding system, we would be able to more precisely identify trends and care gaps to better coordinate and improve patient outcomes with consistency and transparency across care settings and regions. It would also enable research projects with real-world data.

Our resources are already strained, and this overhaul would ideally not start from scratch. Looking to our peers south of the border, the American Medical Association has solved some of the biggest pain points that also exist in in our current system. We can

learn from them and could consider the American Medical Association's [Current Procedural Terminology](#) (CPT), a physician-led and evidence-based code system now rolling out internationally, for use in Alberta's health care system.

In the U.S.A., the coding system serves as a common national language for coding medical services and procedures, which streamlines the reporting process in a way that is both rigorous and flexible. As a result of CPT codes, data is standardized and can be easily compared to measure performance, assess gaps and identify trends across the country. Not only is this a preferred system for physicians, but the government would also be able to use the data to better plan for the changing needs of the health care system.

More importantly, CPT content can keep pace with emerging medical developments in a way we currently cannot, as seen during the COVID-19 pandemic. A panel of clinical experts leads the development and management of CPT codes through a rigorous, transparent and open process. The physician-led code set is frequently updated, and codes are regularly issued and amended by the expert panel to best reflect current practices and medical innovation. In fact, an entire section of CPT codes, [known as Category III codes](#), is dedicated to emerging technologies, services and procedures.

Throughout the pandemic, the CPT code set process has supported the proactive development of codes for procedures related to COVID-19. The first code was released on March 13, 2020, near the beginning of the pandemic, for accurate [reporting and tracking of COVID-19 testing](#) conducted by doctors.

As of this article's writing, 24 [new CPT codes related to COVID-19](#) have been introduced. CPT content includes [vaccine and dose-specific codes](#) to track immunization efforts, even for those vaccines that are waiting approval, showing the system's nimbleness and ability to think ahead.

Not only is CPT coding a turnkey solution, but it is also already integrated with Epic Systems in the United States, resulting in what will hopefully be a smoother transition into Alberta Health Service's system-wide EHR. In addition, for the users to understand the coding and stay up to date on any changes, multiple educational resources are available and regularly updated to support a smooth adoption and implementation of the CPT code set.

No change is ever easy and no system is ever perfect. However, a transition to a new coding system — whatever it may be — will be less painful than the current coding system we are dealing with and will allow us to focus on what we do best: providing the best care possible for our patients.

Editor's note: This article was written by Dr. Jia Hu out of interest in the subject matter and arose from an ongoing informal relationship with Hill and Knowlton Canada, the agency assisting the American Medical Association to introduce Canadian governments to CPT.

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