# What are the Barriers to the Submission of Good Quality Diagnosis Codes by Medical Practitioners in South Africa?

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### Abstract and Objective

*While the use of ICD-10 codes in South Africa is legislated, various unofficial studies have shown the quality to be poor, in that there is little correlation of codes across sources. This study undertook to identify the barriers to the submission of accurate diagnosis codes by medical practitioners. A mixed methodology was used; one-on-one interviews were conducted with representatives of 6 doctor societies to identify the main quality barriers. The level of agreement with the identified barriers was measured through an on-line survey distributed to the doctors within these societies. There was no split between responses from the different specialist societies or between private and public doctors. The combined interview and survey results revealed the main barriers to be: mistrust of Medical Schemes' use of the ICD-10 codes, a lack of co-ordination and linking between different sources of coding and a fear of inadequate legal protection in the event that the use of an ICD-10 code(s) by a doctor causes a breech in patient confidentiality.*

### *Keywords:*

Quality, Barriers, Clinical coding, ICD-10, Data collection

## Methods

Qualitatively, in-depth interviews were conducted with representative heads of 6 doctor groups. 10 themes identified through the interviews were used to derive 21 questions forming the basis of the quantitative portion of the study. The on-line survey was distributed to the doctors within the societies whose heads had been interviewed. The response range for each question ranged from 1(Strongly disagree) to 5 (Strongly agree) from which it was quantified what the level of agreement was with the barriers identified in the interviews.

## Results

This is the descending order in which the on-line respondents agreed with the 10 barriers affecting the quality of ICD-10 codes: the % corresponds with how many respondents scored a 4 or 5 on each question:

Q5: Medical Schemes' use of code – 79.3%

Q10: Co-ordination and linking - 78.7%

Q2: Confidentiality – 74.4%

Q9: Training - 72%

Q7: Administration - 63%

Q1: General Understanding – 62.8

Q6: Software - 61.8%

Q8: Cost - 61.3%

Q4: Quality - 55%

Q3: Payment link – 53.6%

## Conclusions

All identified barriers require corrective measures if the impact of coding inaccuracies and the value of ICD-10 is to be embraced for South Africa as a whole.

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