

September 20, 2017

Donna Pickett, MPH, RHIA
Co-Chair
ICD-10 Coordination and
Maintenance Committee
National Center for Health Statistics
Centers for Disease Control and Prevention
6525 Belcrest Road, Room 1100
Hyattsville, MD 20782

Dear Ms. Pickett:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our opposition to a change in nomenclature from “pressure ulcer” to “pressure injury” in the ICD-10 classification system.

The National Pressure Ulcer Advisory Panel has issued new recommendations to change the nomenclature for naming and diagnosing all forms and stages of pressure ulcers to use the term “pressure injury” instead of “pressure ulcer.” We acknowledge that the terms pressure “ulcer” and pressure “injury” are both imprecise terms. While “ulcer” is at times inaccurate, the terminology has widespread use among practitioners. However, its replacement with the term “injury” is equally imprecise as well as prejudicial, as the term is variously defined as “harm” or “hurt,” usually applied to damage inflicted to the body by an external force. The term “injury” is also widely used as a legal term, which is likely to have unintended consequences in malpractice suits and regulatory actions.

We have heard considerable concern with respect to this change among wound healing specialists and wound care organizations, including the American Association for the Advancement of Wound Care and American College of Clinical Wound Specialists. A change to the term “injury” will contradict the current and historical understanding of the etiology and pathophysiology of pressure ulcers. Research suggests that development of a pressure ulcer is not due only to application of external force but depends in large part on patient intrinsic factors unique to each individual.

Additionally, redefining ICD-10 diagnosis codes is a major undertaking and will necessitate a large scale effort to educate practitioners and coders nationwide. This proposed change in

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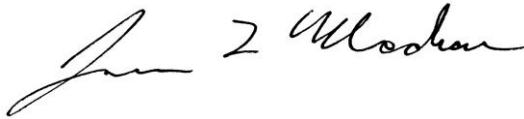
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terminology is neither helpful nor necessary. Rather, it will likely cause confusion resulting in poor data.

We welcome the opportunity to discuss our position with you further. Please feel free to contact Nancy Spector, Director, Coding and HIT Advocacy at nancy.spector@ama-assn.org or 973-263-9191 for more information.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and a stylized "M".

James L. Madara, MD