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Home-Based Coding: “So When Already?” Readers Want to Know

Leslie Ann Fox, MA, RHIA and Patty Thierry, MBA, RHIA

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Leslie: We would like to thank our readers who have engaged in our dialogue about the exciting new developments in remote coding technology and services. We had a record number of e-mails and correspondence this past month regarding these columns. We hear that many qualified coding professionals are ready to start working from home, but they are not finding many home-based positions yet. Though this technology has been available for the past year, only a small portion of the 5,000 hospitals has already implemented this approach.

Patty: Let me first say that I too am thrilled that people are engaging us in discussions about remote coding.

I was particularly interested to hear why people would like to work from home. One reader indicated that it is hard to concentrate while coding in a busy health information management (HIM) department. She felt she could be more productive at home. Also, a long daily commute takes its toll on people’s energy, affecting productivity in the long term.

Leslie: We have also heard from HIM directors that they would like to be able to provide a quiet, more productive environment for coders, but often space constraints do not allow it. Establishing a telecommuting program for those coders who are able to create an environment at home, which is more conducive to greater productivity and quality, sounds like a win-win for the hospital and the coder. With the coder shortage having an acute impact on the level of unbilled accounts in many hospitals, I am sure it is curious to coders that more hospitals aren’t already trying this solution.

Patty: I think that most HIM directors agree that coders working at home may be more productive. Improved success with coder recruiting and retention, maximizing limited space and increased productivity are all highly touted benefits of remote coding that have been well spelled out in the literature over the past year.

However, the decision to implement a telecommuting program should be done thoughtfully and include a complete analysis of the coding function. The analysis includes taking a look at projected annual workload volumes, current coding workflow (how records are assigned, who codes what, current problems with workflow if any, etc.) and how the coding function is staffed. The staffing analysis should include the coding personnel budget, actual staffing over the past six months, coder productivity by record type, productive versus non-productive hours (vacation, sick time, other duties) per coder, history of occasional or constant vacancies, and local recruitment capabilities.

Leslie: The analysis should also include the use of outside contractors for contingency staffing. They should determine, on average, how many positions contract coders cover during the year.

Patty: It is critical that the HIM director get the whole picture, so that a strategic plan can be developed

for coding, complete with target turn-around-times for each record type, and a realistic staffing budget that includes contingency coverage. Then a tactical plan can be created that might include remote coding done either by one or more of the hospital's own coders or by contract coders with access to the necessary technology.

Leslie: Once the analysis is complete, if the HIM director determines that remote coding is part of the strategic plan, she must get buy-in from others in the hospital. Several key departments will be involved. The information systems (IS) department is the first to come to mind because the first step in implementing a remote coding solution is to determine how remote coders will access records.

Patty: The IS staff is especially important because access to the records can be accomplished by a variety of means. The HIM director needs to do research on the various ways that records are accessed remotely and discuss these options with the IS staff.

For example, in hospitals with an electronic medical record (EMR) for some record types such as clinic or emergency department records, coders may be able to remotely access health information stored within clinical systems. In an effort to get "wired" and support administrative and telemedicine needs, many facilities across the country have implemented or are in the process of implementing virtual private networks (VPNs). These networks provide a secure means via the Internet for authorized users to access data remotely. In the absence of a VPN, facilities have implemented dial-up networking in combination with remote control applications such as Citrix or PC Anywhere or proprietary software provided by their clinical information system vendor.

For records that are still mostly paper, using a Web-based scanning solution offered by several companies today is an excellent option. These systems capture and store images of medical records enabling coders to access document images remotely. Documents are scanned and converted to images, which are then encrypted and sent via the Internet to a secure computer typically hosted by an application service provider (ASP).

Additionally, the IS department is involved in determining how remote coders will enter coding and abstracting data into the hospital's encoding, abstracting and/or billing systems. Again, many options for remote access exist and the approach depends on the hospital's own remote capabilities and security policies.

Leslie: So it sounds like involving the IS staff from the very beginning is indeed essential.

Patty: Definitely! The IS department will also collaborate with the HIM director to make sure that their remote coding solution meets the proposed Health Information Portability and Accountability Act (HIPAA) regulations. (For more on HIPAA security issues related to remote coding, see "Remote Coding: An Ongoing Dialogue," ADVANCE, Feb. 26, 2001.)

Leslie: The human resources (HR) department is another key player if the director intends to allow her own coders to work at home. While telecommuting is well accepted in many industries, not all hospitals have embraced it yet. (Although some hospitals have had experience with home-based transcription.)

Patty: I believe that contractors, not hospital employees, provide the majority of home-based transcription.

Leslie: Good point, Patty. The HIM director needs to check out if the hospital has telecommuting policies and if they apply to her coding staff. Subsets of these policies are needed specifically for remote coding.

Equally, if not more important, if several of the department's coders want to work at home, the HIM director and the HR director need to develop a plan for how coders are selected for home-based coding. This is so important, because the director may develop a program that allows only for certain record types to be coded from home. Thus, only part of the staff would be allowed to work from home and the selection process must be fair. Criteria should be established that qualifies people to work at home. Some of those criteria may be very objective, such as "seniority" or the "availability of a dedicated home office," and some may be more subjective, such as "ability to work independently."

Patty: If these decisions are not handled with great sensitivity and planning, sending just some coders home can create dissension among the staff and lower the morale of the hospital-based coders.

Leslie: We have already seen examples of that happening. Managing a home-based program definitely has its challenges and may be one of the reasons third party contractors do the majority of home-based transcription.

Patty: The HIM director also needs to determine the cost of providing home-based coders with computers, software, Internet access and a telephone line. The coder should be responsible for providing office space and furniture that supports a secure and productive work environment.

The director will need to develop a home-based coding budget and review it with the chief financial officer (CFO). To be sure, the CFO will be expecting a cost-benefit analysis. In many cases this may end up being an adjustment to the HIM department budget for the year but that shouldn't deter the director from bringing forth a home-based coding plan.

Leslie: Well, if peaks and valleys in the unbilled A/R have been an issue, developing and implementing a plan that keeps cash flow even will certainly be very interesting to the CFO.

Patty: It should get a lot of support from the CFO. If the director is working with a coding vendor, the vendor can be very helpful in putting together a "return on investment" document.

Leslie: To summarize this discussion: Yes, HIM directors think remote coding is a good idea. However, a lot of research and thoughtful planning is required to implement such a program successfully.

Patty: That's for sure. The director needs to work with the IS department, the HR department and the CFO to build a solid business case, and to develop a program specific to the needs and resources of her organization.

Leslie: In a recent survey published by Opus Communications, *Emergency Technology: Facing the Future of Coding*, when asked "if your department is considering implementing new coding technology in the next 12 months, what type of system is it likely to be," 36 percent of the respondents answered "code-at-home capabilities."

Patty: So for our readers who are coders, ready for home-based positions, be a little patient; it is undoubtedly in your future. We believe that coding companies and hospitals will be creating many opportunities over the next year or two for qualified coders to work from home.

Leslie Ann Fox is president and chief executive officer and Patty Thierry is vice president of operations and chief information officer of Care Communications Inc., a Chicago-based HIM Services Company whose newest service is CAREcoding.com. They invite readers to send their thought and opinions on this column to lfox@care-communications.com or pthierry@care-communications.com.