

Coders Prepare for Today, Tomorrow: Part One

June 2, 2008: What coding skills are needed to be successful in an EHR environment?

Leslie Ann Fox, MA, RHIA, Patty Thierry Sheridan, MBA, RHIA, CCS

Thank you to Advance Magazine for permission to use this article

LESLIE: How do I meet today's workplace coding requirements while preparing for the future of clinical coding? What coding skills will I need to be successful in an EHR environment? I am often asked these questions by coding professionals who feel the impact of HIM practice changes. What do you think about sharing our thinking around these questions with our readers?

PATTY: That's a great idea Leslie. Let's spend this month talking about what coders can do to prepare. I think to do that we will need to first talk about the factors driving change in the coding profession. This will give us some context for the choices coders can make today to thrive and adapt tomorrow.

LESLIE: Sounds good. And for the next column in July, let's interview coders on the positions they hold and what they are doing to get ready to work in a fully electronic practice environment--what professional development investments they are making; what roles they aspire to; and what most concerns them during the transformation of coding practices.

PATTY: Sounds like a plan. Let's start with the key factors transforming the work of coding professionals. The American Health Information Management Association (AHIMA) recently highlighted drivers transforming coding in their March 27, 2008, audio seminar/webinar "The Coding Profession: What to Do Now for What's Next."

LESLIE: There are several trends that were discussed in the audio seminar. I would like to focus on what I think are the 3 most important trends changing the face of coding now and into the next decade:

1. Compliance and reimbursement changes
2. Coding technology
3. Reference terminologies, classification systems and mapping

PATTY: Let's start with compliance and reimbursement changes. The Centers for Medicare and Medicaid Services (CMS) have rolled out sweeping new and updated Medicare compliance and reimbursement programs aimed at providing incentives to improve quality of care, improve the completeness of clinical documentation and coding accuracy.

LESLIE: If you are a coding professional you likely talk in acronyms all day long. Acronyms such as Recovery Audit Contractors (RACs), MS-DRGs, POA, HACs, and P4P are the language of coders today. If these terms are unfamiliar to you, a search of the ADVANCE Web site, www.advanceweb.com/him, will help you quickly become acquainted with these industry acronyms and the critical programs associated with them.

PATTY: All of these programs require deeper coding and abstraction skills. Failure to accurately code and collect required CMS data will result in reduced reimbursement of the magnitude not experienced under previous CMS programs. That makes coding expertise invaluable as organizations become required to produce yet more coded data to meet compliance and reimbursement requirements. Coders have to intimately understand each of the new CMS programs and the updated inpatient prospective payment system reflected in the implementation of MS-DRGs.

LESLIE: Because of these changes, I always recommend to coders that they should deepen their knowledge of anatomy and physiology (A&P), pathology, medical terminology and pharmacology. This can be done through online coursework, and collaborating with physicians, nurses and pharmacists to develop organization specific educational programs for coding professionals.

PATTY: Increasing knowledge in those clinical areas will help coders code more accurately under the MS-DRG system and prepare them for the use of terminologies and clinical concepts mapped to classification systems. The MS-DRG system is more complex than its predecessor and requires coders to recognize diagnoses that might affect medical necessity as well as the severity of service provided.

LESLIE: What other skills do you think are needed to meet the new CMS initiatives?

PATTY: There is likely going to be a continued trend toward service line coding specialization such as mastering wound care coding or cardiovascular procedures or interventional radiology coding, for example.

LESLIE: That makes sense given the complexity of coding.

PATTY: Let's take a quick look at the current state of coding. Today's coders rely on encoders, either logic or dictionary driven or both. Encoders and use of additional classification systems brought coding practice into the 21st century. Looking back at the pre-encoder era, coding was not very efficient in terms of coding consistency and productivity. Although many of us approached encoders with some skepticism, how could we get along without them today and be very effective?

LESLIE: The coding function needs a disruptive coding technology like computer-assisted coding (CAC) to profoundly improve the coding process. Coding work force shortages, increased focus on declining provider reimbursement, increased need to codify clinical data, abstraction of quality measures, plus the adoption of the EHR, screams for new coding processes and technology solutions to support the next evolution of coding workflow.

PATTY: CAC has the potential to be that disruptive technology don't you think?

LESLIE: I think it is one important technology. AHIMA's Foundation of Research and Education defines CAC as "the use of computer software that automatically generates a set of medical codes for review, validation and use based upon clinical documentation provided by health care practitioners."

PATTY: Clinical areas that have implemented CAC, especially those areas that are more repetitive or structured such as gastrointestinal practices, are realizing a 30 percent to 50 percent increase in productivity and an increase in the accuracy and consistency in application of coding rules. In these environments, coders focus on documentation practices and collaborate with clinical providers on the development of appropriate documentation best practice alerts. In addition, they function as auditors ensuring the accuracy and integrity of coded data not only for reimbursement but for outcomes measures and other secondary coded data uses; mine and analyze data looking for patterns and trends; and provide reports to stakeholders on procedures,

disease trends etc.

LESLIE: We have written columns this year on automated coding and on coders and physicians working together. These columns highlight coding roles and required skills. Based on your thinking on CAC, it sounds like data mining and data analytics will be important future skills for coders.

PATTY: Absolutely. But these skills are needed today. With the implementation of MS-DRGs, many hospitals are seeing their case mix go down. This of course concerns hospital leaders and turns all eyes toward the accuracy of coding and the quality and completeness of clinical documentation to support code assignment. Coding professionals have the opportunity to lead data mining activities related to mining, analyzing and reporting on case mix trends.

LESLIE: The same mindset goes for preparing for RACs. Coding professionals should consider performing a 100 percent review of their claims data--looking for coding errors, medical necessity issues and other issues flagged by RACs. A review of the medical record should also be performed to validate documentation and trends observed through a claims review process. The RAC program analyzes claims data to identify issues with an organization's data. Thus an organization's ability to do the same is a step toward being proactive rather than reactive to RAC reviews.

PATTY: Proactively performing your own queries makes a lot of sense to me. I think in addition to all the skills we talked about so far, coders need to be comfortable with emerging technology, flexible, adaptable and maintain a sense of humor.

LESLIE: A sense of humor for sure. It helps people get through just about anything and keeps life in perspective.

PATTY: On to the last trend we want to talk about today--reference terminologies, classification systems and mapping--all critical components of codifying clinical data, achieving EHR interoperability through standard uses of language, and automating more of the coding process.

LESLIE: To completely codify clinical data, multiple classifications and terminologies need to be embedded in the EHR. There is no single terminology or classification that includes all medical knowledge. Mapping between terminologies such as SNOMED and classification systems such as ICD-10-CM are important first steps toward computable clinical data.

LESLIE: What coding skills are needed to be ready for this trend?

PATTY: Coders will need to have at least an intermediate terminology and classification proficiency level. There are several very good articles in the AHIMA body of knowledge which will help our readers get started or reinforce their understanding of terminologies, classifications and mapping.

LESLIE: I understand that mapping opens up new careers for coding professionals interested in this area.

PATTY: That is correct. For example, mapping creates the need for a terminology manager who is responsible for the creation, maintenance and oversight of map integrity and the mapping process.

LESLIE: That sounds pretty technical.

PATTY: There are parts of the job that are technical but a good foundation in clinical coding is a key stepping stone. We will need to interview a coder working on mapping functions next month.

LESLIE: Sounds good. We will talk with coding professionals who work in a variety of roles along the coding continuum. In the mean time, I would like to encourage our readers to read the AHIMA article "Paving the Information Highway: Career Pathways for Knowledge Workers Involved in Coded Data" written by AHIMA's practice council for Clinical Terminology and Classifications. This article describes the many career paths open to coding professionals from clinical coder to data mining engineer to epidemiologist. This article helped me to picture the career opportunities and skills required to be a proficient coder today and into the next decade.

PATTY: I know I speak for both of us when I say this is an exciting time to be part of the coding profession; a time of challenge, opportunity and hope for a giant leap forward for quality coded data that will be used to advance 21st century medicine.

Leslie Ann Fox is chief executive officer and Patty Thierry Sheridan is president of Care Communications Inc., a national HIM consulting and staffing company headquartered in Chicago. They invite readers to send their thoughts and opinions on this column to lfox@care-communications.com or pthierry@care-communications.com.