

**Coders Prepare for Today, Tomorrow: Part Two****June 30, 2008: What coding skills are needed to be successful in an EHR environment?**

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**LESLIE:** Last month we talked about meeting the coding requirements of today, while preparing for the future of clinical coding. This month let's continue the dialogue, focusing on today's coding environment.

**PATTY:** Eric Ryland, RHIA, CCS, CPC, assistant manager of coding at Denver Health and Hospital Authority is joining us for this month's conversation and will be talking about the coding function at Denver Health.

**LESLIE:** I am looking forward to talking with Eric because Denver Health is unique in that it has had a remote coding program for over 8 years.

**PATTY:** They are the leaders in remote/home coding implementations and have a lot of wisdom on this topic. Let's give him a call.

**LESLIE:** Hi Eric, can you tell us a little about the coding infrastructure at Denver Health to set the stage for our dialogue today?

**ERIC:** Sure Leslie. There are three leadership positions in the coding area; the assistant director of coding and compliance to whom I report, myself as the assistant manager of coding, and a coder educator position for which we are recruiting.

**PATTY:** That's great that you have three managers given the breadth and complexity of today's coding environment.

**ERIC:** In the past, these three positions were held by one person who had the title of coding manager. That one position was so swamped performing the three different but complimentary coding functions. The responsibilities and tasks in the coding area have really expanded over time as a result of the record becoming more accessible electronically, the increased focus on coding and compliance, and the ongoing complex nature of coding and reimbursement.

Denver Health employs 22 coders: 16 home coders, 6 onsite coders. Fifteen coders are full time and we also employ seven as needed/PRN coders. We are currently recruiting for two coders to do inpatient coding and other clinic coding.

**PATTY:** Sounds like a very robust coding unit and a nice mix of home coders and onsite coders. How are home coder schedules managed and work distributed?

**ERIC:** Our home coders set their own schedules, so when they work is up to them. Though they are free to set their own hours, they have to work 40 hours per week, and within that timeframe we expect them to meet

their productivity rates, quality expectations and turnaround time requirements. As far as work distribution, coders make their own schedule by looking ahead to see the amount of work included in our electronic worklist. From that they perform their own calculations of how much time they will need to complete their work given the expected turnaround times. They take the responsibility to calculate this and then work from work queues and coding lists that includes records to be coded.

**LESLIE:** Very impressive! You have really figured out an effective workflow; and it sounds like you encourage your coders in a self-directed and flexible approach to their work and don't get uptight about the specifics of what individual people are doing. Rather you monitor the coders as a team, and as a result they function as a team.

**ERIC:** Exactly. And a lot of that has come out of having trusting relationships. The coders are responsible, mature professionals that like what they do and take pride in what they do. We were having this discussion the other day, that in over 8 years, only one coder has left and that person retired. So we have a very committed work force that works as a team.

**PATTY:** How do you track coder's schedules given the flexibility you provide?

**ERIC:** Each coder completes a weekly production log and on that log we ask our coders to give us a general projection of their schedule for the following week. It's not a hard and fast plan but it gives me a general idea of who is working on weekends, taking time off, working more at night, etc. It helps me plan for the following week and ensure we have capacity to complete the work volume.

**LESLIE:** This is such a terrific way to design a remote coding function. I applaud you. It sounds very successful. I think many organizations have concerns over losing control and not meeting productivity and quality functions. But you have found a way to meet your organization's needs while providing a great work environment.

**ERIC:** Thanks Leslie. We implemented home coding about 8+ years ago, and we have gotten pretty good at it. We found a way to design it to meet the needs of the organization without designing a rigid home coding program that would be a disincentive to the coders.

**PATTY:** What are your coding productivity and quality measures?

**ERIC:** The measures are currently under revision. They need to be updated because of recent changes in the last year related to inpatient coding. The higher level of scrutiny that is placed on coding demands a much higher accuracy level and requires capturing and looking at information that we didn't previously regard as critical. And there are new data abstraction items, as well as diagnoses such as history of myocardial infarction that may not affect the DRG but now affect the severity of illness and mortality risk. Thus, inpatient coding is likely to take longer and therefore we need to change the production requirements accordingly. So right now it's in a process of review to determine the new standard rates.

**LESLIE:** In our column last month we highlighted some of the reimbursement changes affecting coding. How is it affecting Denver Health's coding function?

**ERIC:** I recently sat down and identified at least 14 groups, individuals or entities that want to look at coded data. That could be anybody from us reviewing coded data internally or the Centers for Medicare and Medicaid Services (CMS) from the outside. And clinical departments also want to look at their own profiles. There is also a very high level of scrutiny over all the data that coders capture. We are seeing a big focus back on quality. Not that it wasn't there before, but the recent changes have really made every piece of data

captured for coding and abstracting critical beyond what would affect a DRG.

**PATTY:** What kind of coding education do you offer to help coders navigate the increased complexity of coding?

**ERIC:** We provide ongoing training on how to code various record types but also provide opportunities for coders to get together to share coding expertise and insights. This allows for a pooling of their knowledge. Coders also attend workshops throughout the year. We encourage all of our coders to participate at the local level, build a network of coding professionals and keep their skills current. We also participate in a number of audio conferences as part of our training because of the group nature of the training. We have annual Web-based training to review coding changes. The individual to be hired as our new coder education position will research coding questions and develop position statements for the organization on various coding topics.

**PATTY:** Where do you see the role of coding going in your organization?

**ERIC:** It's becoming more sophisticated and complicated and is requiring coders to be excellent communicators. Coders need to be especially good at communicating on topics related to coding guidelines, reimbursement rules and documentation requirements. We are working more and more with clinical providers such as nurses and physicians, guiding them through documentation requirements and coding guidelines in particular.

The coder role also requires a greater level of self reliance and the ability to make decisions. Coders will be working more independently and need to rely on their ability to rapidly research questions using Denver Health's online references-basically figure things out and make a decision.

**PATTY:** When do you anticipate computer assisted coding (CAC) playing a role in your organization?

**ERIC:** It's not really on the radar yet because so much of our record is in an image format. But we know it is an important technology, and it is likely to be implemented in an outpatient setting sometime in the future. In the areas where CAC is implemented, coders serve as editors; checking and making sure codes are correctly captured.

At this point, our focus is on designing processes and educational programming that support the new complexities of coding and coding reimbursement. It's gotten so sophisticated and complicated. I think everything we are doing is preparing us for the future and we will be ready for what that future brings.

**PATTY:** We thank you Eric for sharing your experiences with us.

**LESLIE:** I look forward to next month when we look to the coding roles of the future. We will ask how some of our colleagues see the future coding roles evolving in their settings, and how they plan to prepare themselves and their teams for the future of coding. Until then, summer has finally arrived, so enjoy!

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