

### **Coders Prepare for Today, Tomorrow: Part Three**

#### **July, 2008: How are coders preparing for the future of clinical coding?**

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

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**Leslie:** This month we talk with Dawn Lueck, RHIT, CCS, lead hospital coding specialist at Gundersen Lutheran Health System in La Crosse, WI. This comprehensive health care network has a hybrid record, comprised of a document management system and interfaces from several clinical applications. For the past 7 years Dawn and the hospital coders have moved steadily toward their future roles in clinical coding. Dawn, please tell us about your coding role.

**Dawn:** I started here as a coder right out of school 17 years ago. Nine years later, in 2000, I became the lead hospital coding specialist.

**Leslie:** What are your responsibilities in this position?

**Dawn:** There is a lot of variety in my work. I schedule coders, route charts, answer questions, monitor quality, perform monthly and annual reviews, coordinate educational activities and act as an adviser to several departments as well as our EHR initiative.

**Leslie:** How is your coding unit organized?

**Dawn:** We have eight hospital inpatient coders and five hospital outpatient coders. Seven years ago we decided to enable all of our coders to work remotely by using our document management system to scan records that coders then access online. Even coders who didn't want to work from home were required to use the remote coding technology in our office. Our coders have become very comfortable working in an electronic environment.

**Leslie:** What are your current challenges?

**Dawn:** We are in the midst of transitioning to the next phase of our EHR. When it goes live in November, we will have very few scanned images. The coders will need to learn a new system, but are looking forward to moving away from a hybrid record because they will work with a source document that is easier to read.

**Leslie:** Are there other advantages for the coders?

**Dawn:** Work queues will be rule-based, thus automatically assigning record types to coders scheduled to work on any given day. In addition, quality edits return a record directly to the coder for review and correction. They will have the opportunity to self-correct any problems and I should see a reduction in audit work on my part.

**Leslie:** How do coders get involved in the quality measures and reporting functions?

**Dawn:** There are several ways. First, coders include core measure abstraction in the coding process. It's also up to the coding team to educate physicians about new codes and the appropriate way to document. For example, we will be educating the medical staff about the four new decubitus ulcer codes and the importance of documenting the stage and whether the ulcer was or was not present on admission, and the definition of debridement. Even if the nurses make the assessment, the physician has to specify in diagnostic terms on the H&P the stage and whether or not it was present on admission.

**Patty:** So how are you approaching this challenge?

**Dawn:** I am working on a project with one of our residents and another coder to create a pocket guide for new codes and documentation requirements that physicians can carry and use as a reminder until they get accustomed to the new rules.

I am also invited to department or section meetings to discuss the coding and documentation rules. It is important to hear physician concerns. By understanding their position, I can address it within the framework of the coding system,

**Patty:** Are there other roles evolving around reporting for which coding expertise is important?

**Dawn:** We have a busy clinical data service department that handles reporting. Five of the nine clinical data specialists have a coding background. They support public reporting activities and fulfill requests from departments and nursing units related to internal utilization and quality reviews. Having coding expertise helps in generating and analyzing reports.

**Leslie:** What other projects are you working on?

**Dawn:** I spend a lot of time in an advisory role. I meet with the EHR implementation team to help define values for the facility-specific items that we routinely capture. I also meet with the compliance department and the utilization management department to advise them of changes in coding rules and guidelines.

**Leslie:** Do you see computer assisted coding (CAC) on the horizon?

**Dawn:** Absolutely! I think we will be using it within 5 years.

**Patty:** How will that change the coding role?

**Dawn:** Coders will be doing more quality control functions, working with providers more closely and validating codes assigned by CAC tools. Coders will also need to keep the CAC system up to date. I just see coding roles getting more and more interesting.

**Patty:** How are you preparing your coders for accepting these new roles?

**Dawn:** Developing a more collaborative style of working is very important so we have a lot of emphasis on team work. All coders are cross trained in inpatient and outpatient coding, and they all strive to meet team goals such as those related to average turnaround time and accuracy rates. We bring the local coders in at least once a month for coding updates, EHR training and learning about what's coming in the future, such as ICD-10. Keeping our coders connected-having a sense of belonging to a team and being valued by the institution is critical to our success.

Also each coder has a special quality project to work on each month. For example a coder might be asked to check on accuracy of service assignment for the month and report on the findings. And, they work on compliance projects as needed. Our director is working with a group to establish a committee to prepare for the future RAC audits.

**Patty:** What do you recommend to our readers about preparing for the future of coding?

**Dawn:** Be willing to change and to keep learning. Keep building your computer skills; keep up with the advances in medicine, new diagnoses and procedures, as well as the reimbursement and compliance rules. Be a willing resource to the users of coded data. Develop the best communication skills possible and increase your capacity for working in the more collaborative environment that will be needed in the future. Realize that coding never has been and never will be static.

**Leslie:** Thank you Dawn for sharing your wonderful journey with us and our readers. I suspect the best is yet to come. Change comes whether we ask for it or not. Your team is living proof that if we embrace it with enthusiasm good things can happen.

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*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](mailto:lfox@care-communications.com) or [pthierry@care-communications.com](mailto:pthierry@care-communications.com).*