Clear Road Ahead: No Dead-End Jobs in This Coding Department

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By Chris Dimick

A coding department reorganizes its career paths from the bottom up, creating a culture of professional development.

Six years ago, a limited promotional structure, high turnover, and low recruitment had knocked a dent in the morale of Denver Health's coding department.

A change was needed, but it had to come from the ground up, recognized Deborah Linehan, RHIT, PCS, CPC-I, CPC, CCP-P, manager of coding and compliance, physician administrative services, at Denver Health, a 473-bed facility based in Denver, CO.

Enlisting the help of every coder in the department, regardless of position, the group transformed the department structure, pay scales, job descriptions, requirements for promotion, and other organizational details. The resulting structure to advance expertise and professional position helped boost coder retention, satisfaction, and morale.

Coder shortages and high turnover have affected many hospitals just like Denver Health. Linehan addressed these challenges head on by vastly changing her department in three areas: how she found new coders; the professional development and career advancement offered once they were hired; and the technology used to sharpen their skills.

This strategy can be used by any organization, large or small, currently experiencing issues with employee retention or facing stagnant professional development opportunities, Linehan says.

Looking Within

The search for new coders started with the current organizational ranks of approximately 5,500 Denver Health employees. This "grow your own coder" approach began with Linehan putting out a call to any and all employees looking for a professional development opportunity.

She then developed and led tuition-reimbursed medical terminology/intro to anatomy and physiology classes followed by coding classes that gave potential coders the essential information to prepare them to earn coding credentials. The idea was to offer advancement opportunities for Denver Health's staff first. The classes continue to be offered today.

"We have been offering these opportunities to the Denver Health family as a way to educate and promote from within," Linehan says. "It provided employees within Denver Health with a career path for advancement and growth, not just a job."

At the end of the training, apprentice coders are eligible to apply for an entry-level opening in the Denver Health coding department. From there, newly minted coders are encouraged to work their way up the four-tiered coding department by earning additional credentials and, if they choose, their RHIT or RHIA.

Shaking up the Structure

Prior to restructuring into this four-tiered system, the coding department featured only two levels of coding positions-beginning and advanced. Though the levels offered different pay and status, the lines of just what made a coder beginner or advanced were murky.

Once a coder reached advanced status, there was not much room for additional advancement and professional development. Consequently, top-level coders would leave for better opportunities elsewhere. Restructuring was sorely needed.

"We were spending a lot of time growing and training [coders] just to lose them," Linehan says. "You have to give your coders something to look forward to if you want them to stay, otherwise they can go get another job at a hospital or somewhere else once you train them."

Linehan began mentoring those advanced-level coders desiring to learn various management skills. The idea was to offer the entire department the skills they would eventually need to transition from coding to coding management.

In 2005 Linehan added monthly voluntary lunch-and-learn sessions for staff featuring management-focused discussions on topics such as difficult coding scenarios or how to get the most production when working multiple specialties. The lunch-and-learns were part managerial training, part employee empowerment, and part professional development.

Nearly the entire coding team took Linehan up on the offer, and eventually the talks progressed to how to restructure the department so it offered better professional development and career advancement opportunities.

Instead of Linehan drawing up the reorganization, the entire coding department participated and hammered out the details. The team said they wanted change, and Linehan said they could have it if they took part in reshaping the department, which gave all employees a direct stake in their own career advancement opportunities.

Advancement through Four Tiers

The group developed a four-tiered structure. Each level came with its own job description, level of pay, credential requirements, and seniority recognized by the department. Staff defined the four levels as follows:

- Level-1 coders handle entry-level clinical coding, such as high-volume radiology, lab, and EKGs.
- Level-2 coders complete specialty clinical coding and non-OR procedures.
- Level-3 coders handle inpatient abstraction and coding surgeries.
- Level-4 coders serve as lead coders for each area of the hospital.

As lead coders, level-4 coders mentor level-3 coders on the most advanced coding performed and are responsible for routine QA functions. Level-3 coders serve as direct mentors to levels 2 and 1 coders at the intermediate and beginner levels, feeding into an education cycle that constantly promotes upward development and education.

The restructuring process allowed each coder to add input, which helped win each person's buy-in on the eventual result, Linehan says.

CAC Aids Promotions

When Denver Health implemented computer-assisted coding in November 2010, the coding department quickly leveraged it to promote further professional development.

CAC allows coders to move from assigning routine codes to auditing them, and it creates opportunities for coding experts who can handle cases too complex for the technology. Seeing the organizational and department benefits, including professional development, all of Denver Health's coders welcomed the transition to CAC, Linehan says.

The coding career path was very friendly to bringing on the technology. Because staff had identified positions higher in the department to work toward, the fear that CAC would strip away aspects of the lower-level duties was lessened.

"[The four-tiered department structure] was enhanced by bringing CAC on because some of the coders who were still doing the drudgery coding were ready to move up," Linehan says. "When CAC came on, it gave them the opportunity to move."

With routine duties like EKG coding now automated, lower-level coders could get through their assigned coding faster, leaving time to train on new specialties in a higher coding tier. High-level coders moved up to new specialty coding and CAC auditing

roles. Eventually Linehan's goal is to use some of the time gained by CAC to train coders as clinical documentation improvement specialists.

The CAC software itself offers a learning tool. Reviewing the codes that the software suggests is an engaging process, testing coders' knowledge as much as it aids it. CAC can find codes that some coders may have forgotten, re-educating the auditors in the process. Since the software is not perfect, coders need to be alert to find codes missed by CAC.

"You look at the [suggestions] and say, 'Hmm, how did it get that code?' and then you investigate. There is no way you can avoid learning," Linehan says. "Our coders have become much better coders since we have begun using CAC."

A Clear Path to the Future

With a clear path to their professional futures laid out, many on Linehan's staff have embraced the chance to advance their careers. Some staff have moved up the tiered ranks, and currently four staff members are back in school pursuing their RHIT credentials. Transitioning into management is a goal for many on staff.

"I think we have created a culture that shows coders that if you just want a job, there are jobs," Linehan says. "But if you want a career, then you have to constantly recreate yourself, use technology, and show what you can do. Nothing stands still."

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