

Grow-Your-Own Program Bridges Gap for Graduates to Full Time Coding Positions

[Save to myBoK](#)

by Mary Butler

The HIM Problem

North Shore-LIJ Health System, a group of 17 hospitals in New York City, Long Island and Westchester County, NY, had been facing a coder shortage and wasn't happy with the contract coders they were working with.

The HIM Problem Solver

Cyndi Thomas, vice president, revenue cycle business development and sales, North Shore-LIJ Health System.

The so called “grow your own coder” movement [isn't necessarily new](#), but the bold, unique strategy taken by North Shore-LIJ Health System is one worth watching. The health system's new program gives each of the 31 coding students selected for the program \$5,000 to cover the costs of their books and training, plus a \$10,000 stipend when they've completed and passed the coding curriculum. Additionally, it guarantees them coding positions at North Shore-LIJ. Graduates of this program will be paid \$24.50 per hour when they take their first jobs as inpatient coders at North Shore-LIJ, after completing a nine-month long mentoring process, with mentors hired and selected by North Shore-LIJ.

Cyndi Thomas, who has a background in teaching and social work, has worked since 1996 for recruiting companies that were building niches in contract coding. Although Thomas didn't know what coders did prior to entering the business, she found herself connecting with them when she started to learn what coders do.

“In 1996, they were pretty much sat in the basement of the hospital and looked at as clerical people. But they were responsible for the financial health of the hospital system... So I really felt an affinity to this group and I felt that they were very misunderstood and wanted to be respected as a profession,” Thomas says.

North Shore-LIJ's New Direction

Prior to hiring Thomas to run its coder education program, the health system was recruiting new coders internally, by reaching out to employees who might be interested. Then they would train them part-time while allowing them to work their other jobs part-time. The health system brought in contracted trainers and mentors to work with the volunteer coders until they were able work on their own.

This process, however, was time consuming. When Thomas joined North Shore-LIJ and went about setting up coder training, her organization reached out to State University of New York Downstate (SUNY Downstate), which had coding instructors. They were hired to provide an intensive training, from 9:00 am to 5:00 pm for the students Thomas and her recruiting staff selected.

To find recruits, Thomas contacted area community colleges. As anyone who has ever been a coding student or worked in a position that hires coders knows, hospitals want experienced coders. New coding students or even HIM students who want to code are often stuck, since they lack the experience to get hired. That's where North Shore-LIJ's program solves the new coder paradigm—they provide and pay for training, and guarantee jobs to those students.

Once Thomas put out calls to community colleges for interested students, she was inundated with applicants. She and her team had to select only 31 students from a pool of 190 that they interviewed, at first, over the phone.

Thomas says the decision to pay students to train and give them a stipend—as well as deciding on a dollar amount—was a tricky one.

“I think that this health system is putting their money where their mouth was. We’re asking students to sign a two-year commitment to the health system as a coder,” says Thomas, acknowledging that it’s unknown how enforceable that will be. “But it tells them we’re investing in them, that it wouldn’t make us happy if they took this education, went down the street, and worked for another hospital.”

Coders Cut Loose

At press time, Thomas said the inaugural class of coders were settling into the program and that a new group of 50 coders-in-training has been selected for training that will start in February.

Coding students were caught in the middle when Congress delayed ICD-10-CM/PCS implementation by at least another year earlier in 2014. Thomas’s coders are prepared. They are still learning only ICD-10 and will continue to do so. Because of the delay, North Shore-LIJ purchased coding software that maps ICD-10 claims back into ICD-9. This allows them to dual code claims in both code sets.

“They’re coding records in ICD-10 and we put it in the mapping system and it maps it back to ICD-9. So we can drop a bill in ICD-9, and then gather financial data in ICD-10. We wanted to make coders feel like they’re not going to hang out now doing nothing and wait on the government to decide when we’re going to ICD-10.”

One of the pre-requisites for North Shore-LIJ’s coding program was a two- or four-year college degree. The students selected for the class also had to prove to Thomas why they were interested in coding. Many of the students were leaving good jobs, some still hadn’t found jobs after graduating from college. When she asked interviewees “why coding?” a lot of applicants told her “I wanted to go into healthcare but I didn’t want to be a nurse.”

“And I thought to myself, OK, this is where we’re not doing a good job. We’re not doing a good job with our high schools because remember, I taught high school students. [We need to be] telling high school students there are two careers in healthcare. There are people who are getting their hands on patients, and that’s a very rewarding career. But then there’s a whole different career for people who want to be in healthcare but they don’t want [to be] hands-on with patients.”

Original source:

Butler, Mary. "Grow-Your-Own Program Bridges Gap for Graduates to Full Time Coding Positions" ([Journal of AHIMA](#)), November 2014.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.