In-house Coding Education Program Pays off for Faculty, Staff

by Dana M. Choate, RHIA, and Jessica Rudd, RHIA

Faced with a severe coder shortage, Baylor University Medical Center of Dallas, TX, decided to do something radically different. With the support of administration and financial backing of the center, we developed the Coding Education Program (CEP).

The program targets existing employees who have great potential but cannot afford to work full time and go to school to acquire the skills needed to move into the coding profession. In October 2001, AHIMA approved our program as the first hospital-based coding education program in the country, sending us on our way to solving our coder recruitment and retention woes.

Paid to Learn

CEP is a six-month paid coding training program. Classroom time is 40 hours per week, divided into traditional classroom learning and practical experience throughout the HIM department. The program is offered in January and July each year. To apply for the program, the applicant must have a high school diploma and complete a written essay on HIM theory. Internal applicants must meet Baylor's transfer policies. External applicants undergo the usual hiring process through the human resources department.

The coding management team, along with the coding instructor, evaluates and selects the applicants who then go through a panel interview. As many as 30 individuals may be interviewed with seven selected for participation in the CEP. Prior to the start of the program, each student must sign a contract, which includes a two-year work agreement.

The CEP curriculum includes program orientation, anatomy and physiology, medical terminology, pathophysiology, ICD-9-CM coding, CPT coding, CMS coding guidelines, and basic pharmacology. We established this program in conjunction with the core AHIMA model curriculum. Each student must maintain a 75 percent or above in each class and must maintain an acceptable work performance. As paid employees, students are also held to the usual medical center performance standards, such as the dress code policy.

Upon completion of the CEP, the student is placed in a coding position in a Baylor Health Care System facility. If no position is available, the trainee is released from the two-year work agreement. As of summer 2002, 20 students have completed CEP and all have been placed in coding positions.

A Learning Experiment

Interest in CEP has been overwhelmingly positive despite the fact that Baylor Health Care System has not advertised this program outside the organization. Initially, the intent was to offer this opportunity to internal staff. However, as the word spread, there was a flood of applications from throughout the United States. For the first class, 54 applicants applied. For our second class, 82 applicants applied, and in our third class, more than 173 applicants applied for only seven positions. In addition, individuals who already had knowledge in coding expressed interest in fine-tuning their skills.

At Baylor University Medical Center, a coder in a Level I coding position is responsible for coding one-time ancillary outpatient cases. A Level II coder assigns codes to emergency room visits and invasive outpatient procedures. The Level III position is tailored toward specialty facility coding such as rehabilitation and long-term acute care. Finally, the Level IV position is earmarked for coding of inpatient and day surgery/observation cases.

The students' progression in the program has been fairly consistent. No student has scored an overall average below 82 percent. There is a direct correlation between an individual's overall class grade and the level of the coding position he or she attained. Nine students with an overall score in the range of 90 to 100 percent were placed in Level IV coding positions, whereas the majority of the students in the 80 to 90 percent range were placed in Level I positions.

Our program evaluation tool focuses on how graduating from the CEP has affected the students, both professionally and personally. All respondents (including those with previous HIM experience) agreed that their perspective has changed about how HIM affects the facility. Several students mentioned that they have gained an understanding of what HIM departments do and the flow of the medical record throughout the department. "I also understand the importance of having a well-organized and efficient HIM team. This department is very important to the patients and the physicians," says Rachel Vaden, a CEP graduate.

All the respondents to the program evaluation also agreed that their standard of living has improved since completing the program and obtaining a coding position. Of the 20 coding students, 17 had to take a temporary cut in pay during the six months they were a student in the CEP. Yet making a career change to the coding profession has proven to be a financial benefit to most of the 20 graduates from the program. Sixteen of them received at least a $2 per hour raise from their previous position with eight of these 16 increasing their salaries by at least $4 per hour.

After job placement, the graduates were also asked if they would stay at Baylor if there were no two-year work agreement. All of them agreed that they would like to continue their career within the Baylor Health Care System. This is a positive statement about employee satisfaction, and Baylor is reaping the benefits in the form of coder retention.

Education Pays Off

From a financial standpoint, Baylor University Medical Center made an investment in this program. As with any new program, there were start-up costs (capital equipment, books, supplies, etc.). Additionally, we needed a full-time coding instructor, and because the seven student participants of the CEP were paid positions, we added eight full-time employees to our books. However, the financial benefits of the program began to show in just six months with the first graduates in July 2001.

By the end of our fiscal year, we could easily justify the program's existence. With the placement of coders into our coding vacancies, overtime costs and expenses for contract coders dropped significantly. In addition, our average number of uncoded charts dropped by more than 1,000 accounts. More impressive was that the average of accounts holding for codes dropped more than $2 million in one year. For Baylor University Medical Center, that reflects a dramatic 13 percent decrease. CEP has proven to be a winning situation for both the students and the healthcare system.

A Smooth Transition

Meeting both quality and productivity standards at Baylor University Medical Center is not easy. In fact, it generally takes three months for any new coder who joins the coding team to be at 95 percent quality accuracy. Additionally, it takes about 12 months for inpatient coders to meet the standard of 3.3 inpatient charts per hour. Overall, graduates of the CEP were able to integrate more quickly into the coding team. For example, all the students who were placed in a Level I or II coding position met both quality and productivity standards within the first month. In total, eight students met their quality standards within two months of beginning their coding careers. Five students who were placed in a Level IV coding position met productivity standards within the first four months.

The last month of CEP concentrates on providing practical coding experience. During this practicum, the students begin adopting Baylor-focused coding guidelines and are thoroughly trained on the software applications used at Baylor. Following the philosophy that "practice makes perfect," the students get repetitive practice coding medical records, which are reviewed for the last month of training. We believe this experience helps the students with both quality and productivity once they are placed in the production setting. The coding practicum has proven to be a key to the students' rapid transition into a coding position. Currently, we are in the process of revising the audit process to further allow a smooth transition of the students into their new coding careers.

Baylor and Beyond

The initial intent of CEP was to assist with vacancies in the inpatient coding area. Now that we have our inpatient positions filled, we are focusing on other areas of the healthcare system and retooling CEP. For example, we have been approached by several outpatient clinics. In response, we invested resources to gain more detailed training in CPT procedural coding and we have begun the process of restructuring CEP to focus on preparing students for coding in the outpatient arena.

CEP has great flexibility. There is no telling where the journey will end. One thing is certain already--we solved our coder recruitment and retention problems and anticipate the program being beneficial to the coding profession in general.

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