

Strategies for Remote Coding Success: Remote Coding Program Helps Norman Regional Retain Quality Coders

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Remote coding is helping organizations attract and retain experienced coding professionals at a time when highly skilled coding professionals are in short supply. Successfully implementing a remote coding program requires that facilities have their entire clinical documentation online and quality Web-based encoding software implemented.

Having met these qualifications, Norman Regional Health System in Norman, OK, decided to explore a remote coding program. It tested remote coding with one of its senior staff members for the past five years and saw how it enhanced the staffer's productivity.

In July 2010, seven coders-four inpatient and three outpatient-began making the transition to remote coding.

The Reason behind the Move

Norman Regional decided to move to remote coding for several reasons. First, it felt that staff would benefit from this opportunity through increased productivity, shift flexibility, and job satisfaction. Second, with current healthcare economy concerns, remote coding offers a way to decrease or eliminate contract labor expenses and increase staff productivity. Third, it will help the organization recruit and retain experienced staff.

The average tenure of Norman Regional's coding staff is nine years. There is thus fierce competition for their services. The opportunity to work at home makes it less likely that coders will be lured away by other hospitals or contract agencies. If in the future the organization needs to recruit coders, the remote coding program will give the hospital an edge over other healthcare organizations.

While the organization's coders are exceptionally productive, Norman Regional wanted to increase coder productivity further to cope with several challenges facing the hospital, including increased regulatory requirements, the ICD-10-CM/PCS transition, and financial constraints related to the recession.

Based on remote coding's performance history, Norman Regional expects productivity to increase 10 to 15 percent within three months and 20 to 30 percent in six months. As a result, it anticipates using fewer contract coding services. When Norman Regional transitions to ICD-10-CM/PCS in 2013, it will have to encounter significant unexpected events to utilize contract coding services.

By significantly reducing its use of contract coders, Norman Regional will positively impact its operating margin and improve revenue cycle management. Days in A/R will decrease when the organization no longer has to re-review accounts from contract staff prior to billing. Staff make mistakes, just like outside contractors, but the facility prefers to invest in the education of its own staff who have given their loyalty and dependability over the years.

The organization expects productivity to increase because remote coders have fewer distractions and interruptions. The program will also allow greater shift flexibility, increasing job satisfaction. Working remotely, coders can put in a full day's work by working additional weekend or evening hours to make up schedule leaves of absence they typically would not have worked if they had to drive back to the facility.

In case of severe winter weather, coders can continue working at home as long as electricity and an Internet connection are accessible. In contrast, ice storms last winter prevented coders from driving to work for days at a time.

Strategies for Remote Coding Success

Norman Regional has been using the same Web-native, knowledge-based encoding software since 1994, and its coders enjoy using it. The application was designed with productivity in mind to enable coders to process records in a way that is meaningful and intuitive to their needs.

The knowledge-based approach reflects the latest changes in coding rules, and it is flexible enough to accommodate the facility's specific needs. Coders agree that the current technology is ideal for remote coding.

Having all clinical documentation online made it possible for Norman Regional to switch to remote coding. The organization's electronic health record system captures 80 percent of documentation. The other 20 percent includes physician orders, progress notes, surgical consent forms, and documents brought in by patients, which are scanned into the record within 12 hours of a patient's discharge.

Norman Regional is in the process of implementing computerized physician order entry. When that process is complete, physician orders will immediately go into the EHR, eliminating manual scanning by HIM staff.

The encoding software includes a feature that assesses coders' work to determine their readiness to work remotely. Before a coder can work remotely, he or she must demonstrate competency, coding compliance, and a consistent ability to meet or exceed productivity standards. This means coders must competently achieve coding compliance and meet or exceed productivity standards on all patient account types, including inpatient, ambulatory surgery, ER, and outpatient ancillary services. (Norman Regional has implemented a cross-training program for its inpatient and outpatient coders to provide extra flexibility.)

New HIM graduates interested in working remotely will receive on-site training for approximately 18 months. An experienced coder who joins the coding team must demonstrate competency in all work categories and meet or exceed productivity standards within six months and complete a six-month probation period before eligible for remote placement.

Communication between management and staff is vital for a successful remote coding program. Norman Regional has substituted e-mail communications for daily staff "huddles," and the coding supervisor regularly conducts conference call meetings with staff. Coding staff also participate in weekly conference calls with the hospital's case management clinical documentation staff and requires remote coders to attend on-site department monthly and quarterly coding meetings. So far, this system is running smoothly.

Remote coding will not impact the success of Norman Regional's newly implemented clinical documentation improvement (CDI) program. CDI staff are able to communicate easily with coding staff via e-mail.

Communication with coders is transparent to other hospital staff who also interact with them. The remote coding staff maintain access to the hospital e-mail system, which allows them to retrieve their voice messages. To facilitate this exchange of information, one of the inpatient coders, who chose to remain on-site, has become the lead liaison to CDI specialists.

Ultimately, Norman Regional's decision to move to remote coding will pay off in terms of increased staff loyalty, productivity, and quality coded data. It will also enhance the revenue cycle management process and the organization's financial stability. These are not minor concerns today.

With the additional government regulations coming such as pay-for-performance initiatives and the ICD-10-CM/PCS transition and the increasing Medicare RAC, Medicaid, and other payer audits, skilled coding professionals are more essential to a hospital's bottom line than ever before. One way organizations can retain skilled coding professionals is through a remote coding program.

The latest encoding technology, coupled with EHR documentation, can ensure a smooth, seamless transition to remote coding.

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