Where Have All the Coders Gone?
Finding the Elusive Coder of the Future
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We live in a healthcare environment that has gone mad with prospective payment systems (PPS). Inpatient PPS, outpatient PPS, rehab PPS, and other similar systems mean that there is a greater demand for coders in healthcare today than ever. And the timing could not be worse – perhaps you've heard that there is a nationwide coder shortage. Maybe you're even experiencing this phenomenon firsthand with open coding positions and difficulty in filling them. So where have all the coders gone? And where can we find more of them?

Perhaps it's time to start thinking about what the coder of the future will look like. The coder of the future has a thorough understanding not only of coding conventions and rules, but also of the clinical aspects of care. This means not only being able to decipher the information in the medical record, but, more importantly, to identify what information is missing and to work with physicians to ensure that documentation is complete and accurate. Finally, the coder of the future understands that, in a hospital, revenue is clinical and what happens to the patient while in the hospital drives reimbursement. This all may seem very logical and straightforward, but it takes a true detective to piece together clinical aspects of care, coding conventions, and reimbursement ramifications.

To illustrate this point, I always use an analogy of how coding is like driving a car – specifically a '79 VW Bug because the coding system currently in use, ICD-9-CM, was developed in 1979 and has yet to be traded in for a shiny new model (ICD-10). And like driving today, coding has become clouded with multitasking madness. In addition to being in the driver's seat, coders are also abstracting, learning about reimbursement methodologies, and capturing present on admission indicators, using medical records that are lacking complete documentation. This is the equivalent of drinking a Coke, talking on a cell phone, and putting on make-up or shaving on a road riddled with pot holes and lane closures. Needless to say, coders are also expected to maintain a high and consistent speed (productivity) without crashing (accuracy). And let's not forget about the authorities – the local police (quality improvement organizations), FBI (Office of Inspector General), and bounty hunters (Medicare's recovery audit contractors) who are out there waiting for accidents to happen.

Given the demands of today's healthcare reimbursement environment, of course, employers only want licensed drivers – coding certifications help to ensure fewer accidents and interactions with the police. You wouldn't want to place your most precious assets in an Indy car being driven by an inexperienced driver, so why would you expect employers to let an inexperienced coder drive their code-based reimbursement? But part of every license test is a vehicle inspection, and, as for the mechanics of coders,

employers have a responsibility to keep experienced coders educated (put gas in them) and mentor new ones (change the oil). And some day, we will have a new VW (ICD-10) to work with and will have to take the time to teach our coders about all the new bells and whistles we didn't have on the old model, like air conditioning, on board computers, and other new automobile technologies.

Today approximately 50 % of jobs posted on the American Health Information Management Association's (AHIMA's) web site are coding-related positions, and most employers are looking for experienced coders. But where do the experienced coders come from? They didn't magically learn everything they needed to become a skilled and experienced coder in school. They were trained on the job and learned through professional mentoring in some cases and, in most cases, by trial and error. However, healthcare facilities can no longer afford to let coders learn by trial and error. The world of healthcare compliance has revolutionized the way we view novice coders.

The unfortunate reality, however, is that, with more and more code-based reimbursement systems, some of our best coders are evolving and are moving into new positions based on their skills. This leaves a hole for the traditional coder, which is becoming more and more difficult to fill as the industry becomes more complicated. Twenty years ago, the career choices for a coding professional were inpatient coder, outpatient coder, or coding supervisor. In today's healthcare environment, the choices are endless: specialty coders, coding educators, coding consultants, reimbursement analysts, CCI and APC coordinators, DRG validators, data analysts, RAC analysts, and other new coding-related positions are expanding the possibilities. Especially as the baby boomers near retirement, failure to start training *and mentoring* new coders now could be financial suicide for hospitals.

The road to code-based reimbursement is a long one and we need to develop and prepare for the lengthy drive ahead. As coding evolves and becomes more ingrained into the revenue cycle, it will be crucial to train and mentor new professionals. This means accepting that no coder, no matter how experienced, can "hit the ground running" in a new hospital. Just like driving laws differ in some states (e.g., U-turns, right turns on red lights, etc.), coding guidelines may differ among facilities. A particular data item may be captured at one facility for statistical purposes that another hospital does not collect. There is always a break-in period even for the most experienced coder.

Every hospital should have a training program that ensures both novice and experienced coders are getting the education they need. Think about taking a written driving test today – could you pass it? You may have become so adept at drinking a Coke, talking on a cell phone, and shaving/putting on make-up while driving that you forgot if U-turns are legal in this state or not. Similarly, coders need to remind themselves of the coding basics now and then. And what about law changes? Do you know the proper hand position on the steering wheel? It is no longer 10:00 and 2:00 – it has changed, and thanks to airbag technology, proper hand position on the steering wheel is now 9:00 and 3:00 or slightly below. Likewise, coding rules change and, without continued education, important changes could be missed that will impact a hospital's bottom line.

Employers who recognize the importance of code-based reimbursement are acting proactively to ensure that no open positions ever exist in coding by developing coding schools and entering into alliances with other facilities to pool their coders. They are looking to other professionals within the hospital that may have the skills to become good coders and are training them. They understand that it takes time and patience to develop a new coder and are willing to put in the effort. Of course, this means that there is a risk of hiring the hit and run coder who uses the hospital for education and mentoring only to move on to another facility. But in looking at the bigger picture, the development of coders today for the healthcare industry of tomorrow is crucial to us all. The more skilled drivers we have on the roads, the fewer the speed traps are set up by the police. If more skilled coders were employed, perhaps there would be less reason for government initiatives to identify Medicare overpayments – something we could all benefit from.

Additionally, as more and more hospitals make the move to an electronic medical record (EMR), it is crucial to analyze the mission of the HIM department and how coding interplays with that structure. Many HIM departments made the move from reporting to the COO or CIO in the 1980s and 1990s to reporting to the CFO, a testament to the importance of coding's role in the revenue cycle. However, more and more HIM departments are moving back to reporting to the CIO because of the computerization of healthcare data. Where does this leave coding? As hospitals become more dependent on code-based reimbursement in their payer mixes, the mission of HIM departments becomes more diversified. The hallmark purpose of any HIM department is the maintenance, protection, and security of complete and accurate healthcare data. Coding serves this mission by ensuring quality coded data, but this coded data is primarily used in the revenue cycle.

This brings up another question to ponder: Does coding still belong in HIM or does the coder of the future require the coding department of the future? Perhaps it's time for a major restructuring of our HIM departments. Some hospitals are recognizing the differing mission statements of HIM and coding and are developing coding departments that are run independent of HIM. This separate designation in some institutions means the creation of more levels of coding-related positions, greater focus on individual areas of coding, a more definitive approach to the maintenance of coded data, and better quality data. The coding department of the future has positions for directorship, management, compliance, regulatory updates, and, finally, training and mentoring.

The coding department of the future also focuses on the development of individual coders and provides a career path within a single facility, which makes it hard for a coder to want to leave. If the natural progression of a coder in a facility is to move from outpatient coder to inpatient coder to coding manager to consultant, why not create "consultant" roles in the facility that will allow for the professional growth and will also benefit the facility? To borrow a statement from the movie *Field of Dreams*: "If you build it, they will come." A facility can create employee loyalty by forecasting the future needs of coders and then meeting them.

But none of this is really possible without the future coders. They are out there and they desperately want a chance to prove themselves. Unfortunately, so many of them have had doors slammed in their faces and they gave up, only to be lost to other professions somewhere else. For the aspiring coder, I challenge each and every one to be persistent and stay the course. Take George Clooney as an example. He took small acting roles and was part of various canceled TV shows for 16 years before his breakthrough role in the TV series *ER*. Now he is an Academy Award winning actor, writer, and director – and all because he was persistent and someone realized his potential.

Where have all the coders gone? That is the wrong question. We should be asking ourselves what roles we will take to assist in the mentoring of future coders. The road is littered with drivers of varying experience, and it will take the healthcare leaders of today to pave the road and direct traffic for the coders of tomorrow.