

Coding Goes High Tech in Rural CA

Remote, Computer-assisted, and Affordable

by **Denise M. Hunt, MS, RHIA**

Until recently, outsourcing coding involved traveling coders, costly airfares, hotels, and meals. But in today's hospitals, coding technology is remote, computer-assisted, and affordable. Today's coding systems combine the newest advances in remote and computer-assisted coding (CAC) with affordable, flexible outsourcing options and natural language processing (NLP). Far superior to earlier systems, second-generation remote coding applications deliver turnaround times and productivity that we only dreamt about five years ago when remote coding was first introduced.

At Sierra Nevada Memorial Hospital, we discovered a second-generation remote coding system that helps coders achieve maximum productivity, up to 96 percent according to some studies.¹ Along with the technology, we're using the vendor's team of experienced outsourced coders. We have access to high-quality, experienced coders without management headaches or travel costs. We get the expertise we need with costs we can afford. And we have an open door to our own home coding program with record turnaround times along the way.

Small Rural Hospital in Coding Crisis

Sierra Nevada is a small rural hospital in central California. And like most rural facilities, we have our challenges with high travel costs associated with outsourcing. In the spring of 2004 we were faced with a coding nightmare. Our usual coding staff of four would be reduced to zero because of vacations and leave. As a member of Catholic Healthcare West, I had heard about other remote coding systems but didn't have the time or resources to get started. I needed an advanced remote coding system that we could use down the road to send our own coders home. But in the interim, I needed a system that could also connect us with qualified outsourced coders immediately, and at an affordable price.

What Are "Second Generation" Systems?

Second-generation remote coding systems:

- ▶ Include computer-assisted coding
- ▶ Use advanced coding workflow
- ▶ Accommodate outsourced coders, internal coders, or both
- ▶ Include standard interfaces for ADT, billing, and transcription systems
- ▶ Support both hospital and professional fee coding, including E&M
- ▶ Are compatible with any EHR strategy

To learn more on the topic of computer-assisted coding, see "Delving into Computer-Assisted Coding," *Journal of AHIMA* 75, no. 10 (2004): 48A-H.

We started our remote coding program by using MedQuist's CodeRunner™ technology in conjunction with its outsourced coding team. By starting this way, we were able to implement quickly, thoroughly test the system, and verify our processes before sending our own coders home.

We heard a lot of stories about remote coding and were concerned about our ability to manage a remote work force. Also, I didn't think our organization was ready, since we still have a hybrid record, part paper and part electronic. My concerns were alleviated from the start, and our entire coding team was impressed with fast turnaround and high quality. After we scanned the records that first day, I went home and couldn't wait to check the status. From the time I left the office until I arrived home, 93 records had been coded and were ready for billing. The combination of advanced remote technology with expert outsourced coders delivered coding turnaround times faster than I'd ever seen.

Speed, Ease, and Confidence

Now that the system is running smoothly and our organization is comfortable with remote coding, we're ready to take the next steps. In phase 2, interfaces to the hospital's ADT and billing system will be built and we'll then have the ability to send our coders home. In phase 3, computer-assisted coding using NLP will be fully integrated into our process.

The NLP engine electronically reads transcribed or electronic text documents. The system analyzes the meaning of the text at three levels: the definition of individual words (lexicon), the way words are put together to form sentences (syntax), and the meaning (semantics) to produce a list of suggested codes. Then a coder reviews the suggestions and makes any edits or corrections. While not available for every record type, CAC is just one more tool that our coders will have to be more productive and accurate.

In the end what we enjoy most about the second-generation system is that we have access to high-quality, experienced coders and advanced technology without management headaches or travel costs. The technology is affordable and proven. It has not only restored my trust in remote coding, but it will dramatically improve the productivity of my coders while freeing up valuable funds for other hospital needs.

Note

1. MedQuist. "The Impact of Computer-assisted Coding." White paper, 2005. Available online at www.medquist.com/products/coding.

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