

Enhancing the Coding Workforce for the ICD-9 to the ICD-10 Transition

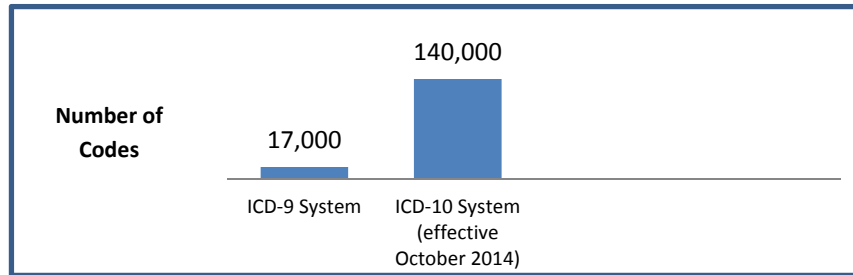
The Problems

The Health Information Management (HIM) Department was challenged in hiring Experienced Coders.

- Shortage of qualified coders in the area
- HIM college program closures and curriculum shifts within the past 5 years
- Competition for recruiting and retaining qualified staff
- In October 2014, the U.S. will make the transition from ICD-9 to the ICD-10 coding system. All coders must be trained into ICD-10 by then.
- Preparing for the loss of productivity when ICD-10 transition begins

HIM needed to grow and retain more coders with the skill sets required to code for an academic hospital.

- Concern about future staffing needs and productivity requirements as result of planned ICD-10 transition requiring additional coding staff
- Due to increased specificity and documentation requirements coding staff will require additional technical training for the transition to ICD-10



Aim/Goals

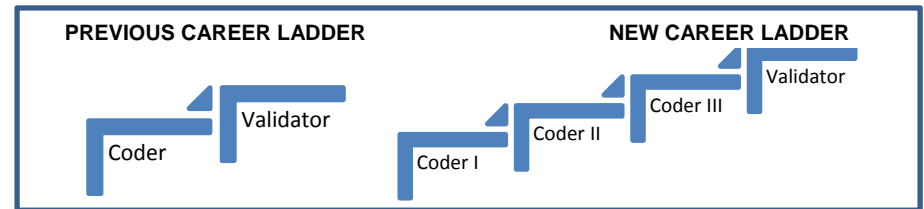
1. Create the right career ladder, training programs, and compensation structure to get the HIM Coding workforce we need.
2. Develop pipeline and bridge programs to identify and train high potential employees and recruit external individuals into the field.
3. Be sufficiently staffed and prepared for dual coding in April 2014 and the October 2014 transition to ICD-10.

The Team

- Gerry Abrahamian, Director of Health Information Management
- Babak Bagheral, Program Administrator, Workforce Development
- Luisa Dileso, Health Information Management - Training Coordinator
- Laurie Fitzpatrick, Program Manager, Workforce Development
- Alicia Gonser, Compensation Manager
- Diane Jean, Health Information Management – Coding Manager
- Ann Langwig, Health Information Management – Validator & Coding Instructor
- Joanne Pokaski, Director of Workforce Development
- Ashley Quirk, Senior Staffing Partner
- Jing Wang, Senior Compensation Analyst
- Selene Williams, HMFP – Compliance Auditor & Coding Instructor

The Interventions

1. Conducted a market analysis.
2. Created a four level career ladder for coders.
 - Account for experience; skill set distinctions; coding certification
 - Includes both Inpatient and Outpatient Coding Staff
3. Created facility-specific training practicum modules.
 - Facilitate I-10 transition training activities for current HIM validation and coding staff
 - Focused training modules for both pipeline and bridge program training
4. Launched HIM Pipeline Program.
 - Marketed pipeline program to BIDMC employees and had 34 applicants
 - Through a series of assessments, chose 6 pipeline participants, will go through a 36 week didactic training followed by a 6-month training practicum
 - Successful participants will move into coding roles in September 2014
5. Launched HIM Coding Bridge Program.
 - Marketed Bridge program to area medical coding program graduates and had 64 applicants
 - Through a series of assessments, chose 10 bridge participants, who are in the process of going through a training practicum
 - Successful interns will be hired in April 2014



The Results/Progress to Date

- Designed training curriculum for Bridge and Pipeline Programs
- Four employees currently enrolled in Pipeline Program
- Seven interns currently participating in Bridge program

Lessons Learned

- It is good to get a full sense of an area's workforce challenges in order to create an optimal solution
- BIDMC already had the staff with the talent to teach the classes
- Area medical coding graduates need additional training in order to be successful coders at an academic medical center

Next Steps/What Should Happen Next

- Create onboarding and retention plans for interns and pipeline participants
- Select and hire interns to move into coding roles in April 2014
- Begin dual coding in April 2014
- Move pipeline participants into coding roles in September 2014
- Transition to ICD-10 in October 2014

