Queensland’s approach to Clinical Coder upskilling

Nicole Mair

Background

The Statewide Health Information Manager-Clinical Coder Network (SHIM-CCN) was established in Queensland in 2012 following agreement from various state and regional stakeholders that there was a need to expedite clinical coding workforce development to improve coding quality and to assist in the development of resources and skills to support CC and HIM training and coding capability.

In the first year, the Network established its own governance and strategy along with that of its two subcommittees: the Clinical Coding Authority of Queensland (CCAQ) and the Queensland Coding Audit Committee (QCAC). The QCAC went on to develop and implement the Statewide Clinical Coding Audit Strategy and Framework, completed a pilot audit and achieved external validation by Price Waterhouse Coopers. Several statewide coding audits have since been conducted. The CCAQ established itself as the statewide coding authority charged with review and escalation of coding queries.

Embedded in the SHIM-CCN Strategic Plan, the Statewide Coding Education Strategy included the roll-out of the Clinical Coder Upskilling and Coding Auditor Training Program involving a number of educational ‘forums’ and opportunities for educational advancement via existing bodies such as HIMAA.

QLD Statewide Individual HIM – Clinical Coder Survey

A Statewide Individual Clinical Coder Survey was distributed to all known HIMs and CCs working in a coding capacity in Queensland public hospitals. The aim of the survey was to measure the size and characteristics of the current HIM and CC workforce and to understand existing levels of HIM/CC education and experience. This would enable assessment of future training needs within an ABF environment. The survey also aimed at establishing existing statewide coding audit capability within the current workforce.

A total of 211 HIMs and CCs from across the state participated in the survey. The age distribution of the current workforce flagged the undeniable issue of an ageing workforce, with 38.4% of HIMs and CCs being over the age of 49 years, while another 13.3% of the workforce planned to exit the workforce (temporarily or permanently) in the ensuing few years. A further 8.5% indicated a desire to reduce hours from full-time to part-time. With a potential exit of over half the current coding workforce in the next several years, succession planning with new HIMs and trainee CCs will be vital to ensure adequate numbers of health information management and clinical coding staff in the future.

Over three-quarters of the coding-related workforce in Queensland are CCs, with one quarter being HIMs. The differences between these two groups in terms of their ability to effectively and confidently perform higher level tasks such as Coding Audit, Coding Education and Coder-Clinician Liaison (CCL) activities needs further examination; however it is clear that more education aimed specifically at CCs to enhance their capabilities in these areas will considerably strengthen the workforce in the short term. Currently, most of these roles are occupied by the HIMs in the workforce, who are more likely to be involved in ABF, clinical documentation education, coder-clinician liaison, training and quality/audit activities.

At least 46.3% of Queensland CCs had only completed basic coder training, with 24.6% of HIMs and CCs indicating they had completed intermediate coder training and only 9.5% having completed advanced coder training. Alarmingly, only 66.4% of HIMs and CCs had received some coding education in the previous six months, and only 24.8% of respondents were satisfied with the amount of education they had received at their facility.
When asked what this workforce needs to perform their job better, the overwhelming responses were timely access to education and training, better documentation and better communication with clinicians. The latter, more contemporarily referred to as Coder-Clinician Liaison (CCL), is undoubtedly a critical requirement within an ABF environment and there is strong evidence that formalised CCL can significantly improve ABF outcomes. Interaction between CCs and clinicians forms strong alliances in ensuring documentation supports coding requirements; however despite its advantages, CCL can be time consuming and is fraught with cancellations and clinician ‘no shows’ at promised appointments. In addition, many CCs find the experience daunting and feel ill-prepared for such interaction.

Training priorities indicated by respondents included: availability of workshops and conferences; education and resources in the ABF Model and Sub and Non-Acute Patients (SNAP) classification; availability of ‘on-line’ training modules for coding; and a Statewide Coder Training Program for new CCs. Respondents were also keen to receive more local training and education within their own facilities.

Clinical coding upskilling and coding auditor training

Successful execution of the proposed Statewide Coding Audit Strategy required that a sufficient number of skilled coding auditors and educators were available to undertake this role within the state. Formal training was described as a prerequisite for effective coding auditors and educators, and to this end Department of Health funding was successfully secured to support upskilling a limited number of advanced HIMs/CCs to undertake Coder Auditor Training via La Trobe University; and intermediate level CCs to complete advanced CC training with HIMAA.

The caveat for supporting this training was that all participants must be willing to contribute to the Statewide Coding Audit Program in the future. An expression of interest was circulated via the SHIM-CCN for interested people to apply for further training and selection was made ensuring a fair representation from each Hospital and Health Service (HHS) and willingness to participate in the Statewide Audit agenda.

A total of 13 CCs successfully underwent HIMAA Advanced Coder training and a further 13 undertook the LaTrobe University Coding Auditor Course, where only four participants were successful in achieving external coding audit certification. Two participants achieved internal audit certification; five received a participation certificate only; and two failed to complete the training. A post study questionnaire revealed most of the participants found the course to be challenging; however all indicated they gained valuable knowledge in the process. Sponsored individuals who failed to pass the training were encouraged to improve their outcomes by revisiting failed components of the course at their own expense.

Clinical coding forums

Driven by the imperatives for improved ABF outcomes, the SHIM-CCN sought Department of Health funding to develop a series of four educational forums to be run over a 12-month period. Each forum was tailored for a different audience with defined themes and targeted agendas designed to deliver specific outcomes. The forums provided support for better management of the coding function, education strategies and tools and provided invaluable coding skills for CCs, as well as statewide networking opportunities.

The first forum was the Coding Auditor and Educator Workshop. This two day educational was attended by 50 senior coders and HIMs from around the state and included a senior consultant as a guest speaker to discuss Experiences in Internal Coding Auditing. Four different hospitals presented on their education programs and another four presented on their coding audit programs. This was followed by a panel discussion and question/answer session.

This forum was extremely well received by all participants.

The second forum focused on ABF & DRGs for General Coding Staff, with a total of 99 participants (79 attended in person and 20 by videoconference). There was discussion on AR-DRG structure and ABF concepts and a 3M Codefinder™ software presentation by the Clinical Development & Support Specialist, 3M Health Information Systems.

The third forum was a Coder-Clinician Liaison Workshop aimed at improved coder-clinician engagement. The agenda included the top 10 conditions/abnormal pathology results which are subject to documentation queries, tips on how to write documentation queries to clinicians and a practice session for query writing for different clinical scenarios. Provision of education in and sharing of CCL tools and strategies assisted in providing CCs with the confidence to initiate appropriate and timely clinician contact and provide education about coding and required documentation.

The final forum was a Back to Basics Coding and Upskilling Workshop targeted at beginner to intermediate coders. The Workshop was attended by 40 coders with positive feedback from the entire group.

Ongoing clinical coder education and training strategy

The Ongoing Statewide HIM-CC Network Education and Training Strategy consists of a number of components regularly distributed or available to all members who may choose to participate.

Coding quiz and Q & A

The Statewide Round Table Audit provides a number of clinical cases on specific topics that test coding conventions, coding standards and clinical knowledge. The answers are later distributed for discussion amongst HHS Coding Service teams. These discussions assist in achieving coding consistency across the state.

Statewide Clinical Q & A Sessions are organised following on from the Round Table Audit topics. Specialist medical officers
are engaged to present and discuss questions raised by the coders from the Round Table Audit discussions. These presentations improve clinical knowledge and assist coders in better understanding clinical documentation.

The ACCD Coding Rules Quarterly Quiz is developed in response to ACCD national coding advice. Questions related to the ACCD coding rules are composed and answers forwarded several days later. This ensures clinical coders are aware of new ACCD Coding Rules and can practically apply the rules to their coding.

Mentorship program
A framework for the establishment of the (voluntary) Statewide HIM-CC Network Mentorship Program was developed which included eligibility, responsibilities of clinical coding mentors and mentees, and rules of engagement. An Expression of Interest for mentors was circulated which also requested specific skills and areas of interest. Applications for mentees were matched appropriately and instructions provided. The program has been successfully in place for over 12 months and offers mentorship to HIMs/Coders not just for coding related issues but also provides the opportunity for them to develop their skill in areas of management, audit or informatics.

Special interest groups
The Statewide HIM-CC Network has facilitated the establishment of a number of Special Interest Groups (SIGs) around topics that are of common interest to many individuals or facilities. SIGs have been established for Electronic Medical Records, Coding Education and Training, Health Roundtable, Classification of Hospital Acquired Diagnosis (CHADx) data analysis and audit, and ICD Technical Group (ITG) Paper review. All meetings are attended via video or teleconference and are proving an excellent medium for information sharing and education in these topics.

Statewide HIM-CC network intranet
The SHIM-CCN Intranet site contains a large number of resources donated from a number of HHSs across the state. Resources include items relating to coding education and training, the coding process, clinical documentation, coding quality and CCL. General resources also include information on ABF, alerts and allergies, organisation charts and position descriptions. The intranet site is the key reference point for the CCAQ for coding query outcomes.

**Newsletter (NetNews)**
The SHIM-CCN produces a quarterly newsletter ‘NetNews’ which includes feature articles on topical issues and updates on anything health information management or coding related. Although an informal media, the newsletter is highly popular amongst SHIM-CCN membership with a 99% satisfaction rate, and provides a useful method of conveying HIM/CC educational materials.

**Discussion**
Although the SHIM-CC has contributed significantly to coder education over the past two to three years, its success relies on ongoing submissions for government funding and support, and even more so on a small number of dedicated individuals who have worked tirelessly to make the events and materials available for Queensland HIMs and Coders. Accolades and acknowledgement must go to Derelle Pratt, Deputy Director, Health Information Services (Clinical Coding) at Royal Brisbane and Women’s Hospital and Tracey Matthies, Senior Health Information Manager, Sunshine Coast Hospital and Health Service for their tireless efforts in making these coding education activities possible.

The model is not a sustainable one without greater input from the profession as a whole, or a dedicated role being established to take on and progress this work.

Greater collaboration between states and the availability of more focussed online educational packages (available to all coders regardless of location or remoteness) would seem to be a sensible strategic direction for which we should all be aiming.

Nicole Mair, BBus(Health Admin/HIM), MHlthSc
Director Health Information Services
Royal Brisbane and Women’s Hospital
Chair, Statewide HIM-CC Network
Tel: +61 7 36467509
email: nicole.mair@health.qld.gov.au