



Medical Coding

Title: Medical Coding Certification Training
Duration: College Based & On-the-Job Training (2 years)
Training Provider: University of Alabama-Birmingham through MC Strategies and HP3
Learning Objective: Prepares employees to assure each patient has a complete clinical data set, and that clinical documentation supports the accurate diagnoses and procedures. In addition, this training will help employees ensure the accuracy and timeliness of clinical data through review and analysis. This is a two-stage training program that first prepares employees to become entry level certified medical coders through an on-line seven course certification program offered through the University of Alabama-Birmingham. Secondly, after successful completion of the coursework, employees work with a coding trainer/consultant provided by HP3 in order to increase coding speed and accuracy per departmental specifications.

This training served three hospitals in the Health System: Johns Hopkins Hospital, Bayview Medical Center, and Howard County General Hospital. The training provider was recommended by the health systems finance area and had conducted training for the Johns Hopkins Hospital medical records office before.

Many of the employees selected for this training currently work in the medical records departments at their hospitals. They followed the program guidelines including: application, assessment, departmental information session, open house, and interview. Participants took an additional assessment, Qwiz REVEAL, to ascertain their computer skills. Again, this was something that we learned we needed to conduct as a result of the Medical Laboratory Technician training. Also, we had the participants in this training work on School-at-Work, which provided some additional support in the areas of anatomy & physiology and medical terminology. Nonetheless, given the nature of the position, a great deal of work was still necessary for the successful completion of the two stages of this training. It is recommended that participants have a strong background in anatomy and physiology and medical terminology, especially if they are taking these courses on-line.



This training program is very ambitious and took a great deal of time to plan due to the number of hospitals involved, the nature of the position & training, and the negotiations with the training provider. The departments met several times to help coordinate the training schedule and worked with HP3 on the structure of the curriculum, which is due to end in May of 2007.

The on-line portion was conducted two days a week on site at the program's computer lab and provided a cohort learning structure that supported the participants. Holding this portion of the training on-site enabled us to manage the salary release portion better, which was something we learned from the Medical Laboratory Technician training. MC Strategies arranged with the University of Alabama for weekly conference calls between the instructor and the students for added support. Once the employees completed this portion of the training they moved to the mentoring portion of the training, and were considered medical records coding interns. It was at this time that the non-medical record participant was hired full-time into the medical records department. The program paid for two days of training and the department paid for three.

The mentoring portion is also conducted on-site, is full-time, and required a restructuring of the computer lab as employees received access to some medical coding information on line. This portion of the training was strongly recommended by all of the hospitals because they believed that there needed to be a strong hands-on component between the classroom work and becoming a full-fledged coder in the department. The medical records departments from each of the participating hospitals provides the mentor with old medical records that the employees code. These records have been thinned out to only include the necessary information for the participants to code. Two of the hospitals that are in close proximity to the program office deliver their records each week, and, initially, the other hospital scanned their records to the office. The scanning method while convenient did take a toll on the copier in the office as some of the records are quite big (even after being thinned out). Therefore, we have developed another system where the remote hospital delivers their old records to the office every week for the following week's curriculum topic, and will only scan when necessary.

There was quite a bit of discussion regarding holding this portion of the training at each participating hospital, but it would have been too costly to have three separate mentors and very disjointed to have the mentor traveling to all three sites. Also, it would have disrupted the cohort learning structure that had developed over the on-line portion of the training. For all of these reasons, it was decided that the participants should stay together for this portion of the training.

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