

# A FOOT IN THE DOOR

HOW POST-GRADUATE  
APPRENTICESHIP PROGRAMS  
CAN HELP ORGANIZATIONS  
PREPARE FOR ICD-10

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IT'S A CONSTANT dilemma—new health information management (HIM) graduates struggle to find jobs because they lack experience, yet it's difficult to get that coveted experience without having a job. Even despite an increasing demand for coders, many new graduates cannot find employers willing to hire them. Lack of experience is the biggest barrier. However, as the industry moves toward ICD-10-CM/PCS, organizations must find a way to incorporate these knowledgeable and capable individuals into the workforce in order to avoid further aggravating the current coding shortage.

### Supply and Demand

The US Department of Labor estimates that more than 41,000 new HIM and health IT (HIT) jobs will be created between 2015 and 2022. This is an average of 350 new jobs per month. The good news is that more than 5,000 individuals graduated with an associate's or baccalaureate degree in HIM during the 2011-2012 academic year, according to the 2012 annual report by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). The bad news is that many employers aren't willing to hire inexperienced professionals even though they have completed an oftentimes rigorous HIM program.

If new professionals can't find work upon graduation, they will likely move into other non-HIM fields. This will create an even bigger challenge for organizations during a time when the integrity and exchange of health information is paramount. Educators have called on seasoned HIM professionals in hiring positions to look to new graduates to support the ever-growing demand for HIM skills. Some employers have heeded this call, but the move is not just symbolic or charitable—they see real value in investing in the next generation of HIM professionals due in part to the upcoming switch to ICD-10.

### Impact of ICD-10 Change

Although some organizations are reluctant to hire new graduates, ICD-10 may change all of this. This is because coding productivity is expected to take a hit with ICD-10, given the added specificity of the codes and the documentation required to support this specificity. It has been reported that many Canadian healthcare organizations, for example, experienced a 50 to 60 percent loss in productivity while transitioning to ICD-10.

Organizations in the US must prepare for the worst and hope for the best with their ICD-10 transition. Working with the largely untapped pool of talented new HIM professionals could be something an increasing number of organizations consider to fill staffing gaps, ensure coverage, and offset productivity losses.

Many organizations are starting to implement post-graduate apprenticeship programs to prepare for all of the uncertainties associated with ICD-10. These programs provide hospital-specific training to new graduates who, in turn, are available and fully trained to fill vacant positions. These vacancies could occur as coders leave the organization, or they may be entirely new positions that are created to accommodate overflows due to ICD-10.

According to a recent survey conducted by staffing and re-

cruitment firm HIM Connections, more than half of the coding managers who responded indicated that their facility had implemented—or has considered implementing—an apprenticeship program for entry-level candidates (i.e., graduates of an accredited HIM program with no previous HIM work experience). Most respondents indicated that they normally require at least one to two years of experience for both inpatient and outpatient coding positions.

In addition, the AHIMA Foundation has announced the launch of a Registered HIM Apprenticeship Program in which new graduates interested in coding, CDI specialist, business analyst, or data analyst roles are matched with employers looking for qualified workers. These apprenticeships, discussed in detail online at [www.ahimafoundation.org/prodev/Registered\\_Apprenticeship.aspx](http://www.ahimafoundation.org/prodev/Registered_Apprenticeship.aspx), are paid programs that typically offer positions lasting one or two years with the goal of permanent placement.

The launch of this program comes in the wake of the Department of Labor's certification of AHIMA's National Guidelines for Apprenticeship Standards in June 2013. The certification award was presented during a summit to address the shortage of HIM/HIT professionals in rural and underserved communities and to increase employment opportunities for US veterans.

### Creating a Win-Win for Employers, Graduates

Apprenticeships are all about proactive planning. By training these individuals now—and oftentimes before full-time positions become available—organizations are ready when the demand for coding increases. Not only do coding apprentices forge a relationship with the institution, but they are also fully trained on its specific systems and internal processes. This institution-specific knowledge is invaluable and often takes months or even years to amass.

Organizations have found it helpful to establish a pool of individuals who are “ready to go” in the event that a position becomes available. As the industry moves into the final stretch of ICD-10 implementation, organizations nationwide will be vying for outsourced coding resources. Many vendors may find themselves stretched to the maximum and unable to accommodate requests for staffing. Organizations need to have a back-up plan. Not only is this a smart business move, it could also help save money on outsourcing costs in the long run.

Apprentices also reap many benefits from these programs. Most are extremely grateful for the opportunity to gain experience and put their newfound knowledge to good use. These individuals also tend to have incredible loyalty to the institution for having given them the chance to progress in their career. Typically these programs are a win-win for all involved—the hospital, the new graduate, and the entire HIM profession.

In an ideal world, coding managers would probably welcome the opportunity to train new graduates. However, with limited internal resources and ongoing staffing shortages, it's often not possible to mentor new professionals and guide them toward becoming fully productive coders. Management resources and coding experts' time are in high demand and short supply. Time and resources are the biggest barriers to creating a post-grad-

uate program. In this case, organizations could consider partnering with a vendor to help customize their training plan and progress of the participants.

### Starting an Apprenticeship Program at Baptist Health System

Like many organizations, 2012 was a difficult year for Alabama-based Baptist Health System in terms of ICD-10 preparations and staffing challenges. During 2012, three coders left the system's centralized coding department to work for large consulting companies and vendors where they could make more money. The four-hospital health system has lost one coder every additional year since then. An apprenticeship program seemed like a sensible solution to fill coding vacancies and help new professionals gain valuable experience.

The program, which launched in late 2013, initially included two post-graduate positions—one inpatient and one outpatient. These positions were offered to new graduates at a lower pay grade than other coding positions. However, all other benefits—such as incentives, retention bonuses, and paid time off—remained the same. Two post-graduates, who completed HIM programs in Alabama, signed a two-year contract to undergo comprehensive training and to ensure that Baptist Health System would eventually see a return on investment.

If either graduate left the organization prior to completion of the program, he or she would be required to reimburse the health system for any education-related expenses, such as their ICD-10 training, and any retention incentives paid to them.

The health system reviewed more than 15 applications for its apprenticeship program. Priority was given to individuals who had obtained their RHIT or RHIA credential or who were eligible to receive it. Candidates also took a coding exam. The final decision was based on test results as well as the individual's personality and work ethic.

### Baptist's 12-Phase Plan

Post-graduates had very little hands-on coding experience, which meant Baptist Health System had to develop a comprehensive 12-phase coder development plan. As part of the plan, each post-graduate was assigned a mentor within the coding department who took them through each phase of the program. The inpatient and outpatient leads served in this mentor role, providing training regarding specialty coding, coding guidelines, and how to review physician documentation for important details such as medical necessity.

Training began with an orientation to the health system's electronic health record (EHR) (i.e., coding flags, abstracting, work queues). From there, post-graduates spent approximately four weeks learning outpatient diagnostics and emergency room (ER) coding. Once both post-graduates had achieved a 96 percent or above coding accuracy rate for three consecutive weeks, they progressed to focus on inpatient or outpatient coding.

Outpatient training included seven to eight weeks on simple surgeries like cataracts and pain blocks, and eight to 13 weeks on intermediate surgeries. The outpatient post-graduate also

learned how to code complex surgeries, observation, and infusions and injections. Inpatient training included 12 to 15 weeks on psychiatric coding, 10 to 13 weeks on OB/GYN coding, and 11 to 13 weeks on cardiac catheterizations. The inpatient post-graduate also learned inpatient cardiology, orthopedics, and general surgery/medicine.

Throughout the program, post-graduates spent approximately four hours per day training and four hours per day coding actual cases based on the information they had just learned. Coding mentors initially reviewed 100 percent of these cases (pre-bill) until post-graduates had achieved a 96 percent accuracy rate. At that point, the percentage of cases reviewed pre-bill decreased over time.

The program included constant communication between the post-graduate and coding mentor regarding weekly accuracy rates. Post-graduates were also required to monitor account and claim edit work queues for charts they previously coded. This included a manual review of each edit in the EHR. Coding mentors, in turn, kept the coding manager and HIM director informed of each post-graduate's progress and accuracy rates.

Coding mentors were able to make time to teach the post-graduates because they had the support of other coders on the HIM team. These other coders often absorbed some of the coding duties so the lead coders could assist the post-graduates.

Everyone had to support the program and believe in its efficacy in order for Baptist Health System to achieve its goals. Coders were involved in every step of the planning, and collaboration and open communication were paramount. It took significant teamwork to be able to accommodate training and auditing time.

### Expanding the Program

One month after the program launched Baptist Health System began to receive inquiries from other students interested in participating in the apprenticeship program. Given the uncertainty of outsourced coding services vendors' abilities to guarantee a certain number of full-time employees (FTEs) heading into ICD-10, the health system decided to expand its post-graduate program to secure additional support.

In January 2014, Baptist Health System added five additional positions to its apprenticeship program. The goal was to train these individuals well in advance of what was then the October 1, 2014 ICD-10 deadline so that they would be available and already up to speed on Baptist Health System's policies and procedures when productivity started to wane or if coders left prior to go-live. As positions became available post-implementation, these new graduates would also be among the first to be considered for the job.

All coders needed to be on board with the expanded program in order to make it work. Coders participated in a coding roundtable to voice any concerns before the program grew into its next iteration. After unanimous support of growing the program to include five new positions, the HIM team got to work revising its training methodology.

In the expanded program, post-graduates now rotate through several mentors, each of whom trains them on a specific ser-

vice line. These mentors—all current coders working for Baptist Health System—teach a subject that capitalizes on his or her strengths. For example, the coder with the greatest ER coding abilities provides the ER coding mentoring for each post-graduate. Providing training in this way ensures that post-graduates receive the best possible information, and it also creates a sense of pride among current coders because it recognizes them for their abilities.

In addition to receiving ICD-9 training, post-graduates also receive ICD-10 training. This training includes pre-test, individual online modules, and a post-test. Current coding staff members also receive this same training, some of which is provided during designated downtime and some of which is completed on coders' own time.

### Strategies for Success

Executive level buy-in is critical for a post-graduate apprenticeship program, but coder buy-in is just as important. An organization must be able to manage this program without increasing accounts receivable or causing a decrease in productivity. Adding additional staff members to manage the program is likely not an option, which means that careful planning and preparation is required. Those looking to replicate the Baptist Health System's apprenticeship program should consider the following tips:

- **Talk openly with coding staff members.** Explain your specific plan for training and how this training will be provided. Encourage questions and dissenting opinions so that all coders feel valued and respected. What will be expected? What would they like to get out of such a program? What are their biggest fears? A successful post-graduate program not only addresses the needs of new professionals, but it also takes into consideration the needs of existing staff members for career growth and new experiences.
- **Monitor performance constantly.** This includes daily monitoring of accuracy, accounts receivable, and productivity. If productivity starts to decrease as a result of the program, take steps to address this immediately. The CFO must have confidence in the program and not worry about it affecting performance.
- **Plan ahead.** When mentors take time off (i.e., sick days or vacation) ensure that post-graduates work with someone else on those days. On Fridays, ask post-graduates to only code service lines with which they're familiar and have achieved a 96 percent or greater accuracy rate so the rest of the team can address all pending claims prior to the weekend.
- **Stay committed to the program.** Once post-graduates complete the program, try to place them in a full-time position within the organization. These graduates need to know that the organization is doing everything it can to help them start their career. If a coding position isn't available, consider placing the new graduate in another department, such as the billing office, compliance, or revenue integrity. As RAC and other focused reviews con-

### Advice for New Graduates to Break into HIM

IF LOCAL ORGANIZATIONS don't offer an apprenticeship program, there are many steps that new graduates can take to better prepare themselves for the demands of today's job market. They can consider other internship opportunities, volunteering, working part-time in an HIM department, and professional networking.

Internships help students explore their options and choose a specific healthcare setting in which they might want to work after graduation. Schools should help match students with internship placements based on students' interests and strengths.

Even if students can't find formal internship opportunities, they should consider volunteering. Even volunteer positions can help candidates stand out in a competitive job market by providing hands-on experience and demonstrating commitment when applying for their first post-graduate position. Volunteering can also help students get to know other HIM professionals for networking purposes. Finally, prospective HIM professionals should attend local, state, and national AHIMA meetings to network and learn about job openings.

As HIM graduates seek employment, it is important to stay positive, value their worth, and keep perspective.

tinue to expand, the need for talented HIM professionals will only grow. Also consider helping the post-graduate network to find positions in other organizations.

- **Have good communication and an openness to change.** Being open to making changes to workflow and processes, and talking to your team about how these changes will help the organization achieve its goals and objectives, will be important throughout the process.

### Program Benefits for Baptist Health System

Though it may take time and dedication, a well-planned post-graduate apprenticeship can be extremely beneficial for any organization. Baptist Health System experienced the following benefits:

- Projected savings of nearly \$600,000 for 2014-2015 due to the decreased demand for contract coders as well as a 50 percent decrease in overtime payments
- A loyal and knowledgeable pool of applicants from which to draw on when positions become available
- Increased retention and morale for existing coders who take pride in the administrative support for the apprenticeship program
- Increased ICD-9 coding productivity ○

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