

E-News Exclusive

Time for a CAC Check-In? Progress and Predictions for HIM

By Mary Beth Haugen, MS, RHIA

The past three years witnessed tremendous growth in the use of computer-assisted coding (CAC) systems. Many hospitals and health systems decided to move forward with CAC implementations during repeated ICD-10 delays. In fact, according to a 2017 WinterGreen Research report, the overall CAC industry is expected to see continued adoption with the overall market rising to \$5.1 billion by 2023.

Financial executives purchased CAC systems with expectations for better coding consistency and productivity savings. However, not all CAC implementations have lived up to these vendor promises—at least not yet. This article discusses the current state of CAC, impact on coders, and best practices to ensure systems continue to evolve and improve over time.

An Industry Always Learning

CAC systems continually improve over time. The natural language engines embedded within most systems are refined with every iteration and implementation. Vendors also learn along the way. CAC implementations today take far less time and resources than those experienced only a decade ago.

However, there are three common misperceptions that HIM leaders must overcome to ensure successful CAC system evaluations and implementations. Debunking the following myths is the first priority for any HIM leader considering CAC:

- **CAC delivers an immediate return on investment: False.** The return on investment occurs over time. A period of three to five years is required to begin seeing coder productivity savings and the opportunity for staff realignment.
- **CAC coder training is easy: False.** Coders must be educated continually on the CAC. The system also requires long-term training as it retains nuances of individual physician documentation, coder behavior, and organization-specific clinical data.
- **CAC technology can apply all coding guidelines: False.** Not all CAC can correctly apply the official coding guidelines. For example, the system may have difficulty with include and exclude notes, requiring the coding expert to edit the codes. While coders and coding managers continue to learn and improve CAC systems, several best practices and technological advancements have emerged.

Organizations Willing to Invest and Embrace

CAC implementations have become immensely easier and less labor intensive than first-generation systems. The technology is continually improving and there is better integration with EHRs and stronger coder adoption of CAC technology. Coders and coding managers have become more willing to consider, embrace, and invest in CAC as an important tool to improve accuracy and efficiency. The following advantages are widely documented thus far:

- saves time for simple cases as coders become editors of prepopulated codes;
- searches for terms and finds documents for faster chart review;
- sorts through patient information efficiently;
- structures documents in an intuitive coder view, pulling documents the coder needs; and
- shows evidence of how many times a term is documented in the chart to determine whether it meets definition to code.

While coders who are using CAC systems don't always provide rave reviews, they would rather not abandon the technology once it is incorporated within their coding workflows. CAC systems aren't able to apply all the appropriate coding guidelines; reliance on coding expertise is still required. The challenge is learning how to leverage the CAC technology in addition to coder skills and knowledge.

Best Practices for Coding Managers

Coding managers must accept additional responsibilities that come with the implementation of a CAC. In order to optimize the CAC tool, it must also be supervised. The manager should have an understanding of the strengths and weaknesses of the system as well as the reporting capabilities. Leveraging the tools within the system assists in a successful implementation and optimization.

The gaps in current CAC technology create a conundrum for managers trying to balance coding accuracy and staff productivity while also achieving a return on investment for the CAC. To address these system inconsistencies, consider the following coding management best practices:

- Manage initial CAC usage and ensure ongoing education through refresher courses—staff must be properly trained.
- Encourage coders to apply critical thinking skills and validate codes, not just accept all the suggested codes.
- As part of coder productivity monitoring, revamp coding metrics to include a percentage of time codes is auto-accepted vs validated by the coder.
- Determine what percentage of direct coding is acceptable.
- Review reports to assess how each coder is using the system.
- Identify superusers and subject matter experts with time for job shadowing with struggling coders.
- Evaluate and assess coder performance and proper system usage—CAC is not plug and play.
- Set expectations and articulate progress to the executive team.

Coder's Role Set to Evolve

Like a proofreader for each case, coders serve as the second set of eyes when CAC systems are fully deployed. They leverage critical thinking skills and expertise to validate codes auto-suggested by the CAC. For example, coders must continue to review and audit charts to validate current diagnoses and procedures. CAC systems aren't perfect. Auto-suggested codes for remote or historical data still occur.

While it may seem that CAC systems create double work for coders and coding managers, the positive advancements far outweigh negative concerns. Systems do find codes that are missed during manual reviews. And as the coding industry continues to implement these systems and leverage new technological advancements, CACs will become even more valuable as an effective tool to support coding accuracy, productivity, and data analytics.

Coders are extremely adept at converting coded data into information for performing true data analysis. CAC systems will help elevate the importance of this essential skill in the decade ahead.

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