Resident documentation and coding curriculum can be improved through one-on-one education

Amanda Paquet
*Henry Ford Health System*

Vini Chopra
*Henry Ford Health System*

Julie Vigliotti
*Henry Ford Health System*

Mary Webster
*Henry Ford Health System*

Roopina Sangha
*Henry Ford Health System*

Follow this and additional works at: [https://scholarlycommons.henryford.com/merf2019edu](https://scholarlycommons.henryford.com/merf2019edu)

Recommended Citation
Paquet, Amanda; Chopra, Vini; Vigliotti, Julie; Webster, Mary; and Sangha, Roopina, "Resident documentation and coding curriculum can be improved through one-on-one education" (2019). *Teaching and Education*. 8.
Resident documentation and coding curriculum can be improved through one-on-one education

Amanda Paquet MD, Vini Chopra MD, Julie Vigliotti, Mary Webster, Roopina Sangha MD
Purpose

• Evaluate the impact of one-on-one education of residents in billing and coding
Background

• Our program changed billing and coding education from generalized education at didactics to more intensive one-on-one education. The revenue team evaluated the impact of this intervention for accuracy in billing and monetary impact.
Method

• One-on-one education sessions included specific feedback to the resident on their own charting, documentation, and billing practices.

• Education sessions were completed by a coding specialist who reviewed 10 random inpatient and 10 random outpatient charts for the resident and identified areas for improvement.
Methods

Group 1 (n=4)
- Fourth year residents
- One resident training session including multiple specialties
- One to two one-on-one sessions

Group 2 (n=4)
- Third year residents
- Two to three one-on-one sessions

Group 3 (n=4)
- Second year residents
- Three consistent one-on-one sessions every six months
Methods

• At completion of intervention, 10 charts were again randomly assessed by a coding specialist and documentation and billing accuracy determined
With the improved accuracy in billing and coding, residents on average were able to bill for $40 more per session (Group 1 to Group 3)
Conclusions

• This increase in billing and coding would equate to $12,000 extra billed per resident over a resident’s final two years of training based on the average number of clinics and patients per clinic our residents have.

• Dedicated training in billing and coding that is specialty and individually focused can improve resident documentation and coding accuracy producing an increased revenue from resident clinic.
Thank you