

Butler Health System:
Automated Outpatient Coding

Butler Memorial Hospital is a 250 bed acute care facility located in Butler, Pennsylvania. As part of the Butler Health System, Butler Memorial Hospital (BMH) provides a wide range of inpatient and outpatient services and is rated by Thomson Reuters as one of the “Top 100 Cardiovascular Hospitals” in the nation.



At the beginning of 2009, the Butler Health System acquired several radiology and laboratory practices in Western Pennsylvania. Support services from BMH were being tapped for this venture. Medical coding of this new volume of radiology and lab procedures would be the responsibility of the Health Information Management (HIM) Department.

The Problem

The HIM Department utilizes the 3M® encoder with a hybrid chart viewable through a MEDITECH™ health information system. The coding staff, prior to the practice acquisitions, was stable but not capable of handling the additional volume without staff increases or outsourcing.

The Solution

With the new workload expectation, Christel Chuderewicz, Director of Health Information Management, began reviewing options for quick deployment in mid-2008. The utilization of Computer-Assisted Coding had appeal but without broad market adoption, administration needed to be convinced. Working with the Fusion CAC team, Christel was able to demonstrate that Fusion CAC would decrease costs and improve revenue. A return on investment could be realized in months – not years.

With project approval, the integration to MEDITECH was completed quickly and on schedule to begin with a limited implementation of outpatient records in November of 2008. Without the added volume of the new practices, the testing and tuning of the EMscribe™ Natural Language Processing (NLP) engine of Fusion CAC was completed on the hospital's own radiology and laboratory charts.



Coding automation is a capability of the Fusion CAC system in which the software codes certain chart classification types and sends them directly to billing. It was Christel's goal to identify chart and procedure types that would be automatically coded by Fusion CAC and bypass coding altogether. The reliability of the highly accurate NLP engine makes this possible.

The Outcome

At just 120 days into 2009, with the added coding volume of the acquired radiology and laboratory practices, the results of Fusion CAC are highly visible. Butler Health System is processing over 3,500 outpatient charts through Fusion CAC weekly. Of the charts processed weekly, nearly 50% have been automated and bypass coding to go direct to billing. The charts that are not automated are still processed and presented to a coder with codes suggested, increasing productivity and decreasing coding effort. "On a weekly basis, there are over 1,700 charts that are being coded and billed that would have required a coder", states Christel. "Early in the implementation we spent time auditing the outcomes and tuning Fusion to get these results. We still audit a percentage as part of our quality assurance plan."

Through the implementation of Fusion CAC, BMH was able to identify problems with data entry in Patient Registration to improve the entire coding process. Christel states, "One huge issue that Fusion CAC helped us uncover was missing and incorrect information. Fusion CAC made it easier for me to pinpoint the sources of the problem and through education and process changes I was able to correct it. Overall, we were able to decrease the denials we were getting for medical necessity."

BMH has been able to respond to coding challenges with a sustainable solution that will continue to provide revenue returns for the Health System. As outpatient automation goals are completed in 2009, Christel will turn her sights on the increased performance and reduction of coder variability that CAC delivers with inpatient charts.

Results at a Glance:

- 50% of processed outpatient charts are automated, eliminating need for manual coding
- An increase of 20% in chart volume did not require staff expansion or outsourcing
- Increase in productivity led to the reduction of a coding FTE
- Ancillary AR days were reduced by 19%, directly attributable to Fusion CAC

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