

Robert Wood Johnson University Hospital:
Reducing Coding Costs and Time

Robert Wood Johnson University Hospital is a 650 bed acute care academic medical center located in central New Jersey, serving the region since 1884. RWJUH previously outsourced all of their outpatient and inpatient charts. With high outsourcing costs and a constant struggle against chart backlog, RWJUH took control of their coding problem with the implementation of Fusion CAC™ powered by EMscribe™.



The Problem

Medical coding is labor intensive and time consuming. Delays are costly. Improvements to the process can have a direct impact on a healthy revenue cycle. RWJUH wanted to employ the latest in technology to optimize their coding process. They looked to new technology emerging in healthcare called, Computer-Assisted Coding (CAC), as a solution.

The Solution

RWJUH selected Fusion CAC™ powered by EMscribe™ for its powerful natural language processing engine and its unique ability to work with both inpatient and outpatient charts to abstract ICD9 and CPT4 coding. The solution provided several key features that were identified as valuable. Through integration to the various relevant systems that housed patient chart reports and data, Fusion CAC™ became an integrated, electronic workplace for the coder. This eliminated the need for paper chart processing. Fusion CAC™ also provided the powerful natural language processing engine that pre-coded the charts. This process reduces the effort of the coder and increases their productivity. Computer-assisted coding of this kind is new and some were skeptical of its viability. Traditional medical coders were concerned about losing their jobs to the technology. Administration needed proof of the return for their investment in the software.

In order to convince the skeptics and to provide the ROI required, it was necessary to obtain measurable performance statistics in a limited implementation. Cecilia Hilerio, Director of HIM, made the decision to implement Fusion CAC™ powered by EMscribe™ using outpatient records to start.

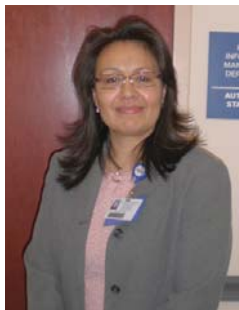


The Outcome

Before implementation, the weekly volume of outpatient transactions averaged 2,000 records per week and coders took an average of 80 seconds (range 60 to 90 seconds) to complete a typical record. After Fusion CAC™ was implemented, processing time was initially reduced from 80 seconds to 10 seconds. Almost immediately, Fusion CAC™, working together with the coders, resulted in an 89% time reduction.

After extended use, the hospital now benefits from near zero processing time (less than .5 second average) with outpatient records. This productivity increase allowed for the redeployment of coding staff to more complex and critical charts. Increased speed, efficiency and the reduction of coder variability were irrefutable outcomes that provide an overwhelmingly strong business case for the Fusion CAC™ powered by EMscribe™ solution.

RWJUH, over the past decade, has also deployed other mission critical voice and text solutions from Dolbey. The Fusion CAC™ powered by EMscribe™ solution builds on our successful longstanding relationship.



“Fusion CAC™ powered by EMscribe™ is at the forefront of cutting-edge technology for handling the complex coding process. ”

***- Cecilia Hilerio, HIM Director,
Robert Wood Johnson University Hospital***

Results at a Glance:

- > 80 second savings per Outpatient chart resulted in an 89% time reduction.
- > Saved over 70 FTE hours per week by coder productivity gains.
- > Decrease in DNFB from 25,000 records to 4,500 records.

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an on-site demonstration:
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