WELCOME TO THE

9TH ANNUAL

acdis

2016 CONFERENCE

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CONTENTS

Photo by Rebecca Hendren
The core members of the ACDIS team—Penny Richards, Katherine Rushlau, Brian Murphy, and Melissa Varnavas—enjoy a trip to a nearby restaurant after arriving in Atlanta. (Not shown is ACDIS Associate Director of Membership and Product Development Rebecca Hendren. She's taking the picture.)

Networking at the heart of conference success

by Brian D. Murphy

The biggest and best event of the year for CDI specialists took place in May—the ninth annual ACDIS Conference. More than 2,000 attendees joined us in Atlanta—a group that included CDI specialists, managers, revenue cycle directors, HIM/coding professionals, physicians, CDI physician advisors, exhibitors, and sponsors—to make the most recent event once again surpass previous years as our biggest and best conference yet.

At our home base in Middleton, Massachusetts, our team spent the past 14 months preparing for the conference, and the weeks leading up to it were truly "crunch time," with late nights and the usual anxieties that come with an event of this magnitude. But now that the conference has come to a close, I believe all the hard work was worth it. For those who attended the event, I hope you found it so.

This year we added some new features, including a fifth breakout session and four panel sessions. At the end of day 1, we featured a panel of four physicians with the latest updates on the newly released definitions of sepsis and septic shock (Sepsis-3). We hosted two panels with the ACDIS Advisory Board, who gave a peek at what we've been working on at ACDIS, including our newly revised *Code of Ethics.*

I was very pleased to have CMS' Chief Medical Officer Richard Wild, MD, from the Atlanta Regional Office, to kick off our educational offerings on day 1 with a session on "Value-Based Purchasing and the Transformation of Healthcare." Healthcare is changing before our eyes, and CDI professionals, standing at the intersection of clinical medicine and coded data, are perfectly positioned to lead the way through this change. We also had a dynamite day 2 keynote speaker, Vicki Hess—she had the entire audience on their feet and waving their hands in the air!

As great as our educational sessions were, networking is at the heart of ACDIS, and our members learn as much (or more) from each other as we bring them with our publications and leadership.

If you were one of the 2,000 attendees, thank you for helping us create such a successful event. Though the conference has come to a close, please continue to let us know how ACDIS can best serve you. I'm here to listen and learn.

I hope you all had safe travels home! See you next year in lovely Las Vegas! 🎉

Take care,

Brian D. Murphy

ACDIS Director

Photo by Matt Alexandre
Although putting together the ACDIS Conference is serious business, Erin Callahan, vice president of product development & content strategy at BLR Healthcare (at left) and Elizabeth Petersen, executive vice president/publisher at BLR Healthcare (at right) join Murphy for a laugh or two during a break between sessions.

In the arms of the ACDIS community

by Melissa J. Varnavas

This association and annual conference are all about community. As I click through the photographs we took in Atlanta, I'm thrilled once again to see so many familiar faces—and so many new faces as well.

During his opening remarks, ACDIS Director Brian Murphy asked those who were attending their first ACDIS Conference to stand up. About 25% of the 2,000 attendees did.

The Atlanta event marked our ninth conference. We've come a long way from our first event in Las Vegas with little more than 100 participants and a handful of vendors. The conference's growth—and the growth of the association, which welcomed its 5,000th member in May—comes from you.

So, 25% of attendees were newbies. They benefited from networking and physician education sessions, learned that they're not alone in struggling with new clinical parameters for sepsis, and gained new understanding about their role in broader healthcare reform initiatives.

But if 25% were newbies, that means 75% were returning for their second, or third, or fourth, or fifth—or even their ninth event. I marvel at those who've been with us from the beginning because just as healthcare's changed and ACDIS has grown, over the years, you've grown too.

You've transformed your lives, moving from struggling CDI newbies to managing CDI teams across multiple hospitals and even running systemwide CDI programs in some cases. You've been responsible for the growth of the profession, as well—by always seeking the latest information, always seeking ways in which you can grow your programs, expand your careers, and support your staff. That, in turn, has led to CDI's expansion beyond the hospital halls and into critical access facilities, rehabilitation, long-term care, and even physician offices.

Over these years, I have come to call you friends. This fact struck me acutely this year, and whenever my friends stopped by the ACDIS booth, I became a babbling, hugging, and often tearful mess.

ADVISORY BOARD

Why? One word: pride. I am so proud of how far you have come. Proud of how far we have come, together.

During our local chapter leadership networking event, a volunteer leader rose to the microphone to recount her group's experiences and became bleary-eyed as she told the group how much it meant to be acknowledged for her volunteer efforts during Brian's opening remarks. She started crying, and then *I* started crying, and then there were hugs all around. She was proud of her state's networking efforts and of the role she's played in helping others succeed. And we are proud of her.

"Precious."

That's what Laurie L. Prescott, RN, MSN, CCDS, CDIP, AHIMA-approved ICD-10-CM/PCS trainer and CDI education director at HCPro in Middleton, Massachusetts, calls it. And it is. 🎗

Editor's note: Varnavas is the Associate Editorial Director for ACDIS. She manages the association's publications and website content, and assists local chapter leaders in their endeavors. Contact her at *mvarnavas@acdis.org*.

Photo by Melissa Varnavas
James Kennedy, MD, president of CDIMD, photo-bombs Molly DeMink, BA, CCS, CDIP, CCDS, DRG validation specialist at OmniClaim, Inc., and Melissa Varnavas as they attempt a selfie.

Courtesy photo
Gathering with old friends and meeting new ones begins the moment attendees arrive at the convention center.

Photo by Melissa Varnavas
Everyone on the shuttle bus! The ACDIS team has a conference to get to.

Courtesy photo
Timothy Brundage, MD, of Brundage Medical Group, chats with Vaughn M. Matacale, MD, of Vidant Medical Center, during a break in the Physician Advisor's Role in CDI Boot Camp pre-conference event.

Courtesy photo
Vaughn Matacale, Donald Butler, Tracy Eskra, and Ven Mothkur pose outside their preconference classroom door.

PRE-CONFERENCE RECAP

Physicians earn CDI insight, learn teamwork's value

On Sunday, May 22, the 2016 ACDIS Conference started a couple of days early for roughly 250 attendees who participated in one of our three pre-conference sessions.

Boot Camp instructors Laurie Prescott, RN, MSN, CCDS, CDIP, and Sharme Brodie, RN, CCDS, brought a special two-day edition of the CDI for Quality Boot Camp to Atlanta, where participants worked through case studies to learn the basics of reviewing documentation involving Patient Safety Indicators (PSI) and hospital-acquired infections (HAI). Instructors also highlighted value-based incentive payments and the ins and outs of CMS quality programs.

Nearly 100 physician advisors joined **James S. Kennedy, MD, CCS, CCDS, CDIP,** president of CDIMD, Physician Champions based in Nashville, and **Trey La Charité, MD,** physician advisor for the University of Tennessee Medical Center's clinical documentation integrity project.

On the first day of the pre-conference, Kennedy reviewed the principles of coding and documentation, walking the audience through specific case studies for various diseases and touching on sepsis, malnutrition, respiratory failure, and renal failure, to name a few.

"What we do as CDI professionals represents good clinical care," said Kennedy. "Your principal role as the physician advisor is to help drive home the message that capturing specific diagnoses in the medical record reflects the care provided."

> **You all know what MD really stands for, don't you? My Decision. I'm the doctor, and it's my decision as to how I treat this patient.**
>
> *James S. Kennedy, MD*

Kennedy explained government payment methods, including MS-DRGs, and offered a variety of idioms to help entertain and educate the nearly 100 session attendees. Here are a few of them:

- "If the physician says it quacks, waddles, and flies south for the winter, the coder cannot say it's a duck. It might be a goose."

- "You all know what MD really stands for, don't you? My Decision. I'm the doctor, and it's my decision as to how I treat this patient."

- "If you're not at the table, you're on the menu. That's why it's important for the CDI physician advisor to stay informed and, where comments are requested [such as with the inpatient prospective payment system proposed rule and the *AHA Coding Clinic for ICD-10-CM/PCS*], offer the physician perspective."

- "A good lawyer knows the law. A better lawyer knows the judge and the jury. The best lawyer plays golf with the judge. That's why, as the CDI physician advisor, you have to know the rules and be able to interpret them."

- "What's my favorite radio station? Here in Atlanta, there's WABE and WALR-FM in Greensville. But for physicians in your facility regarding the CDI program, the only radio station they want to hear is WII-FM—What's in It for Me."

On the second day of the pre-conference, the physician advisor portion split into two sessions. La Charité provided an in-depth look at the role of the physician advisor in audit defense, identifying strategies for engaging physicians and providing tips for earning their support in documentation improvement efforts. He prefers the term "integrity" over "improvement" and uses it with his facility's physicians.

One lesson he offered participants stems from the children's classic *Through the Looking-Glass* by Lewis Carroll. La Charité recounted the Red Queen's words to Alice: In Wonderland, "[i]t takes all the running you can do to keep in the same place."

Being a CDI physician advisor and trying to stay on top of changing healthcare regulations, quality improvement measures, and shifting organizational priorities often closely resembles running to stand still, but

BUILDING A BEST PRACTICE CDI TEAM BOOT CAMP

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Courtesy photo
Richard Pinson, MD, of Pinson & Tang, LLC, gives his pre-conference event a thumbs up in this check-in on the conference app.

Courtesy photo
Larry Faust, MD, weighs in on a pediatric question during James Kennedy's pre-conference presentation.

Pocket Guide created a working session focused on communication and collaboration among CDI specialists, coders, physicians, physician advisors, and other professionals. In fact, Pinson and Tang encouraged facilities to sign up their entire CDI team for the session, and walked attendees through exercises and case studies.

Throughout the session, Pinson stressed the importance of understanding how your medical staff thinks and learns—and adjusting education accordingly. "A successful CDI team is based on engagement of medical staff obtained through effective communication," said Pinson during the session. "For example, physicians often respond to education using evidence-based literature and consensus guidelines. By collaborating with your team, you will find the methods that work."

Collaboration and cooperation between CDI specialists, coders, and clinicians is necessary, said Pinson, who stressed that each professional type should be involved in the development of processes and policies for documentation improvement. CDI professionals need to communicate and educate across the team effectively to support medical staff engagement in CDI efforts, Pinson noted.

"This can come from evidence-based literature and consensus guidelines," he said. "Having the power of these things [definitive support behind the published clinical and coding literature] is critical."

doing so keeps physicians invested in CDI efforts and ensures providers will see not only the physician advisor, but also the CDI team, as valuable resources to understanding how the industry changes affect them.

During the second session, "Exploring the Physician Advisor Role at Vidant Health and Franciscan Alliance," presenters Donald Butler, RN, CCDS, Ven Mothkur, MD, MBA, LSSBB, Tracy Eskra, MD, and Vaughn M. Matacale, MD, highlighted the physician advisor roles at different facilities. They talked about how to leverage advisors in an accountable care organization with Hierarchical Condition Categories, risk-adjusted payments, PSIs, HACss, and other quality metrics.

In the third session, "Building a Best Practice CDI Team," co-presented by **Richard Pinson, MD, CCS,** and Cynthia Tang, RHIA, CCS, the co-creators of the beloved *CDI*

Photo by Matt Alexandre
The 2016 ACDIS Conference gathered nearly 2,000 clinical documentation–related professionals in Atlanta in May.

Conference committee offers session insights

Anyone who has participated in the ACDIS Conference knows there's a lot going on—and trust us, it's a lot of work. But what you might not know is that the agenda of speakers and sessions isn't selected by the ACDIS administration alone—we recruit a team of 12 volunteers to serve on our Conference Committee.

The committee reviews all speaker applications, sets the conference agenda, reviews submitted materials, and chooses the recipients of the ACDIS Achievement Awards. Its work is invaluable to the success of the annual event. We caught up with a few of the committee members to talk about their

> **I find it a blessing to learn and grow from the multitude of knowledge from others in the CDI arena.**
>
> *Tracy Boldt, RN, BSN, CCDS, CDIP*

experiences and what highlights this year's conference held for them.

The tracks

The committee first met in June 2015, believe it or not, to evaluate the previous conference and brainstorm new ideas for tracks and sessions. Their first step was to develop the speaker application, which required the group to identify the focus for each educational track and determine a list of must-have session topics. The call for speakers went out

in July and garnered more than 100 applications.

When the application period closed in September, the committee quickly realized that the number of top-notch sessions and speakers could not be crammed into just four tracks, so the group decided that a fifth track was warranted for this year's lineup.

Tracks included:

1. Clinical and coding
2. Management and leadership
3. Quality and regulatory
4. CDI expansion
5. Innovative CDI

"Each year, [the ACDIS Conference] keeps growing and the competition [for speaker spots] is really difficult," says **Peggy Reap, RN,** a CDI specialist at Optum360, who served on the committee for the second time in 2016. "There's more people coming out and wanting to

present, and we tried our best to include as many of the terrific speakers as we could."

The speakers

With the applications in hand, the committee, led by ACDIS Director Brian Murphy, began the review process. The speakers were categorized by session topic and divided into groups for review at weekly committee meetings.

Each member had the opportunity to review the applications ahead of time and bring his or her feedback to the meetings, says **Shiloh A. Williams, MSN, RN, CCDS,** CDI specialist at El Centro Regional Medical Center in Holtville, California. Williams reviewed each speaker's topic and presentation outline, and looked at the applicant's skill level and presentation experience.

"We wanted the presentations to appeal to various skill levels and ensure that everyone, whether they were new to CDI or a veteran, had

something that would interest them at conference," she says.

During the weekly meetings, the committee went through each presentation individually, sorting them by yes, no, and tentative.

"As a committee, we were able to quickly focus on those presentations that interested the group as a whole and start placing them in potential tracks," says Williams.

Of course, rejecting an application was the biggest challenge, especially in a pool of such qualified candidates, but Williams says the committee felt confident in its decisions.

"There were several really good presentations on the same topic, and it was difficult to start weighing the details of each presentation against each other," she says. "There were a couple of presentations that we could not quite let go of as a committee, so thankfully we were able to expand to five tracks."

Between September and October, the group met seven times to finalize the speaker lineup. This year's speakers included outpatient CDI specialists, CDI managers, pediatric CDI specialists, an attorney, and more than two dozen physicians.

The sessions

The ACDIS Conference always aims to include a diverse range of sessions, and this year was no different. Attendees enjoyed dedicated tracks on expansion and innovation, highlighting such topics as outpatient CDI and risk-adjusted payments, postacute CDI, readmissions, and medical necessity.

Photo by Matt Alexandre
Conference attendees make their way down the halls to the session rooms.

Photo by Matt Alexandre
Conference Committee member Rita Fields looks over her homemade binder of materials, taking notes in the back of the room during the general session on the first day.

learn from providers' clinical expertise, says **Tracy Boldt, RN, BSN, CCDS, CDIP,** CDI consultant at Enjoin.

"I find it a blessing to learn and grow from the multitude of knowledge from others in the CDI arena," she says.

This year's conference also offered sessions on remote CDI, which **Michele E. Thornton, RN, BSN, CCDS,** clinical documentation specialist at Novant Health Presbyterian Medical Center in Charlotte, North Carolina, enjoyed. However, aside from the incredible educational opportunities, she most enjoyed "networking with other CDI team members."

CDI managers had sessions tailored to their needs and interests, and the conference featured three special panel discussions for the first time in 2016—two with members of the ACDIS Advisory Board, and one focused on physicians' perspectives on ICD-10.

The large number of physician-led sessions offered an opportunity to

"I think the committee did a great job of giving our attendees options and variety to make their conference experience unique and rewarding," says Williams.

Editor's note: This article was originally published in **CDI Journal.**

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ACDIS appreciates the efforts of the volunteer members of the 2016 ACDIS Conference Committee, which included:

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Value-based purchasing, transformational healthcare

by Katherine Rushlau

Physician engagement is a lot like football, said **Richard E. Wild, MD, JD, MBA, FACEP,** chief medical officer for the Atlanta Region of the Centers for Medicare & Medicaid Services (CMS): "You can be a great quarterback, but if you have no team backing you up and supporting you, you're going to get tackled."

Wild, who presented during the general session at the ninth annual ACDIS Conference, discussed CMS' plans to improve patient care and quality. At the center of these efforts, he said, will be motivating and engaging providers—a challenge that is anything but easy.

"Herding cats is easy," said Wild. "Managing a department of physicians is nearly impossible."

Some of the largest issues in the U.S. healthcare system include the extremely high cost of care. Wild demonstrated his point by showing a graph of life expectancy and spending per capita across 31 well-developed countries. Cuba had the lowest cost per capita—less than $500. The United States, an outlier, had the highest cost per capita—over $4,500. Yet the life expectancies of these two nations were almost identical—between 76 and 77 years.

Photo by Matt Alexandre
Richard E. Wild, MD, JD, MBA, FACEP, chief medical officer for CMS' Atlanta Region, delivers his general session presentation.

Wild also displayed a series of U.S. maps, indicating performance on Medicare quality indicators, which revealed that regions that spend more money also have poor quality rankings. This connection, Wild said, can be linked back to physician engagement and motivation.

"The healthcare system rewards physicians for [what they are] doing, not what they are providing," he said. "We are wasting money, and we need to focus on making the process more efficient."

Incentive programs are currently shifting, rewarding quality care through tools and programs such as pay-for-performance and bundled payments. As the healthcare system works to become more transparent, physicians also face public reporting through the rise of websites such as Hospital Compare and Physician Compare.

"Physicians aren't aware that they're getting ranked and scored," said Wild.

CDI can play a crucial role in educating and notifying physicians of these quality and incentive programs, which, in turn, may help motivate them to engage and provide better documentation. But physicians need support.

Train clinicians to work in teams, says Wild. The industry is starting to experience a trend of team-based education—all members working together and learning to coordinate, said Wild. This will be critical, especially as physicians begin to experience consistent ranking.

"[Providers] will need to understand that this is reality, this is life," he added.

Being graded, and paid, based on the quality of care rather than the amount of care provided represents a change for physicians and facilities, but "patient care needs to be a quality product that is efficient."

Editor's note: Rushlau is the ACDIS editor. Contact her at *krushlau@acdis.org*. This article was originally published in a special conference edition of **CDI Strategies.**

Keynote speaker presents map to professional paradise

At 8:15 a.m., nearly 2,000 people in the ballroom at the Atlanta World Congress Center were waving their arms and singing along to "Here comes the sun." Just after the line, "… it's all right," keynote speaker **Vicki Hess, RN, MS, CSP,** author of *SHIFT to Professional Paradise,* cut off the music.

"That's what I want you to remember," Hess said. "It's all right."

Then she asked the 2016 ACDIS conference attendees a question: Why can't work be like paradise? Living in a professional paradise only requires "shifting" one's perspective, she told the crowd.

Prior to the conference, she phoned a few attendees and asked them what challenges they faced and what they appreciated most about their jobs. They told her they like solving problems and enjoy being able to make a difference for their physicians. Finding that passion makes all the difference in one's profession, said Hess.

"Why don't people make that change?" she asked the room. Then, she told attendees to take 60 seconds to talk to those around them and discuss what barriers individuals face in approaching change. Attendees approached the microphones afterward and shared their thoughts.

"It takes effort to change one's attitude," one attendee said.

"It's easier to blame someone else than to take responsibility for one's own attitude," said another.

"Maybe they have seasonal affective disorder," another joked.

All these things are components, Hess agreed, adding fear, office drama, and set patterns of behavior as additional obstacles.

Hess told attendees to change their mentality in a few simple steps:

- Stop and breathe
- Harness harmful knee-jerk reactions
- Identify and manage negative emotions

"Sometimes," Hess said, "the negative occurrences in our lives seem too big to shrink. But by simply shifting those 'pows' to 'wows,' you can change not only your own perspective, but help create a positive space for those around you to work and succeed as well."

With that, Hess pulled up a photo of the word "wow"—with the central 'O' a smiley face. She then told the crowd to put up three fingers of each hand and hold them next to their faces. "Look," she said. "Now you are all 'wow.' "

Throughout the day, ACDIS attendees posed for team photos and selfies using Hess' tip. It was truly a "wow" moment.

Editor's note: This article was originally published in the special conference edition of **CDI Strategies.**

Photo by Matt Alexandre
The 2016 ACDIS Achievement Awards await their new owners, glinting in the ballroom lights on the first morning of the conference.

Meet our 2016 CDI achievement award winners

by Katherine Rushlau and Penny Richards

ACDIS honored the nation's top clinical documentation improvement professionals at its ninth annual conference in Atlanta, before an audience of nearly 2,000 attendees. This year, ACDIS presented four awards, including two new recognitions—Rookie of the Year and Excellence in Provider Engagement—along with its traditional awards for Recognition of CDI Achievement and CDI Professional of the Year.

Each of these outstanding members of the CDI community were recognized for going above and beyond to enhance the profession, both at their own facilities and across facility lines. Let's meet our four award winners!

Rookie of the Year
Candace E. Blankenship, BSN, RN
MedStar Union Memorial Hospital
Baltimore

Though Candace Blankenship has been in the CDI role for less than two years, she's already proven to be a valuable asset to the CDI community. Blankenship and two other colleagues were hired to help relaunch the CDI program at MedStar in August 2014.

After only two weeks of training at her facility, Blankenship quickly realized her job would entail much more than just reviewing records. She was assigned to the open heart surgical (OHS) unit, where she immediately sat down with the providers to review the role of CDI and how it could affect the OHS product line.

She took the time to listen to their questions and concerns, building the ever-important CDI and physician relationship necessary for new programs. Through identifying these top concerns, Blankenship was able to target provider and coder education to help improve documentation and medical record accuracy.

More importantly, by taking the time to identify what was important to the staff, she was able to build and solidify the relationship between CDI and the rest of the OHS team.

She showed promise from the beginning, said **Dina Smoker, MHA, RHIA, CPC,** HIM director at MedStar, who nominated Blankenship for this award. Whether she was targeting a diagnosis, assisting with the challenges of ICD-10 coding transitions, or working with the resident teams in the intensive care unit to improve the format of their electronic progress notes, she embraced each new challenge and responsibility with a positive attitude.

"She does not see CDI as a lone department, but as an active participant in the larger system," said Smoker. "She has raised the profile of the coding department within the hospital and has demonstrated advocacy skills not only for the coder, but also for the healthcare provider. Every day, she is out in the clinical setting representing the professional values, critical thinking, and curiosity to keep learning."

Her favorite part about working as a CDI specialist is making doctors and nurses on the floor aware of what happens when the chart goes to the coder, and how their documentation affects the coder's ability to turn words into numbers and submit data to reporting agencies, said Blankenship.

"I have the ability to move CDI to places where quality is being measured, areas where we can have an impact."

When asked what it meant to receive this award, Blankenship, both humble and grateful, said it

> ❝ **[Jessica Vaughn's] motivation is obvious; her work clearly is for the benefit of the institution. She is one of the best examples of promoting the key values of the medical center.**
> *Andrew Namen, MD*

only heightened her passion for the CDI profession.

"There was really an overwhelming sense of validation, personal pride, and professionalism," she said. "Every conversation, going back and getting the details we needed, staying with this, winning the small battles, and moving the department forward."

Excellence in Provider Engagement
Susan E. Kohl, MD
Baylor University Medical Center
Dallas

Physicians who work with Susan Kohl tend to notice two things: her attention to detail and her communication skills. The medical director for her facility's CDI program since 2011, Kohl uses every opportunity to raise awareness for documentation requirements, incorporating education into everyday conversations with medical staff and interns. With her involvement, Baylor's CDI program has seen increased case-mix index and severity of illness/risk of mortality scores.

Kohl faces challenges head-on and sets high standards for providers. When physicians resist changes in the documentation processes or struggle with coding guidelines, Kohl meets with them one-on-one, making herself available for any

educational opportunity—even on short notice.

"I have seen her resolve conflicts and handle other difficult situations with remarkable patience and admirable tact," said **Brad Lembcke, MD,** vice president of medical affairs at Baylor, in a testimonial submitted with Kohl's nomination. "She is a true advocate and valuable team member of our CDI program."

Recognition of CDI Professional Achievement
Jessica M. Vaughn, RN, BSN, CCDS
Wake Forest Baptist Health
Winston-Salem, North Carolina

Jessica Vaughn is responsible for the coordination of activities related to compliance, quality assurance, and education with clinical documentation management staff, physicians, and ancillary staff across her facility. She has a tireless work ethic and will do whatever it takes to ensure documentation in the medical record is complete, compliant, and correct, said **Tamara Hicks, RN, BSN, MHA, CCS, CCDS, ACM,** manager of care coordination at Wake Forest Baptist Health, who nominated Vaughn for this award.

Vaughn tackles a number of projects and ensures they are successful. She is well-respected by her peers—physicians, coders, and her staff. In fact, she has been nominated as employee of the month

> **[Karen DiMeglio] worked tirelessly developing different ways to provide physician education that was focused by service line. This flexibility has been key to provider acceptance of the program.**
> *John Murphy, MD*

within her facility by seven staff and faculty members.

"She provides timely concurrent review, which allows us to seek appended documentation before the patient is discharged or coded incorrectly," said a representative from the hospital's quality and analytics team. "Jessica is a consistent hard worker and very dependable.

She is always willing to jump in and solve problems."

"Jessica is very passionate and detailed about her work," said **Erik Summers, MD,** associate chief medical officer and vice chair of internal medicine, quality, and safety. "She will make the extra effort to get the documentation correct."

Vaughn continually comes up with new ideas and work processes to

streamline her CDI department's efforts, with the goal of lowering adverse events.

Over the past 12 months, Vaughn assisted with two significant initiatives—creating a concurrent PSI review process to improve accuracy of reporting data and creating a clinical indicators policy and guidelines to achieve accurate clinical communication, enhance patient safety, and support medical necessity.

"Jessica is thorough and thoughtful," said **Andrew Namen, MD,** associate professor for pulmonary, critical care, allergy, and immunologic medicine. "She has been

Photo by Matt Alexandre
Rookie of the Year winner Candace Blankenship joins Recognition of CDI Professional Achievement winner Jessica M. Vaughn, CDI Professional of the Year winner Karen M. DiMeglio, and Excellence in Provider Engagement winner Susan E. Kohl at the podium just prior to receiving the honors before nearly 2,000 conference attendees.

enthusiastic regarding improving our PSI and HAC documentation and accuracy. Her motivation is obvious; her work clearly is for the benefit of the institution. She is one of the best examples of promoting the key values of the medical center."

Vaughn sees the CDI industry becoming more of a collaborative effort between departments, from nurses being hired to look at records and optimize documentation, to being part of a care team. She's already seen her facility take steps toward this interdepartmental relationship.

"We join physicians on rounds. There is more education now, administrative-level meetings," she said. "We touch base monthly with the CMO to demonstrate where we are."

As for receiving this award, Vaughn credits the team she works with.

"I don't feel like I do anything out of the normal of what this job should entail," she said. "I learned early on that if you love what you do, you do it well. Every day I'm at work, I love what I do and I try to do it full force. When you're somewhere, be all there."

CDI Professional of the Year
Karen M. DiMeglio, RN, MS, CCDS, CPC
Lifespan Corporation
Providence, Rhode Island

Karen DiMeglio is a role model for the CDI profession. A registered nurse and certified professional coder, she juggles the clinical and coding-based knowledge required to wear the many hats of a CDI professional.

An active member of her local ACDIS chapter, she promotes the profession within her organization and beyond. She engages the physician and coding leadership by conveying data in a readily understandable format. She understands her group's effect on the organization's quality and fiscal health.

Since the implementation of Lifespan's CDI program in 2009, DiMeglio has shaped the program into a service that effectively engages physicians and improves their documentation, said **John Murphy, MD,** executive vice president of physician affairs at Lifespan.

"When I first started working closely with her, I was impressed with her knowledge and her ability to convey information to physicians," said Murphy. "She worked tirelessly developing different ways to provide physician education that was focused by service line. This flexibility has been key to provider acceptance of the program."

As the founding director of the CDI program, DiMeglio cultivated an environment where good documentation is celebrated, from the C-suite to the medical floors. DiMeglio was instrumental in obtaining a physician champion and developing a curriculum for incoming residents and attending physicians at the hospital.

"She has always had a keen eye for understanding the nuances of educating staff on CDI and downstream effects," said **Jill O'Brien, MD,** medical director to case management for The Miriam Hospital at Lifespan. "She recognized that talking to providers about how codes have changed would be ineffective, and instead targeted education from a clinical perspective."

DiMeglio also made an incredible impact on her facility's mortality reviews. She identified that the documentation was not capturing comorbid conditions that affected mortality. Under her direction, the CDI team now reviews all patient deaths to ensure documentation is complete prior to being released to the coding staff, an effort that has significantly improved reporting data.

Next on her list of CDI goals is to get an outpatient program up and running. "I'm going to be like a dog with a bone so we can continue to impact the quality metrics for CMS and commercial programs," she said: "to work with physicians and coders with the goal to always have quality documentation and to improve the quality of care that we provide to our patients."

For DiMeglio, this award was not only a recognition of her work, but a testament to the teams she's worked with throughout the years.

"It was a great honor and a privilege to be nominated by people I work with and be supported by the committee," she said.

Volunteers share lessons learned from their CDI efforts

Photo by Matt Alexandre
Letitia Marriott, RN, from the University of Maryland Baltimore Washington Medical Center, explains her CDI program's poster presentation "Bridging the Gap Between CDI and Nursing."

Every year, volunteers step forward to share their facility's expertise on a given CDI-related topic. These lessons, often hands-on, provide ACDIS attendees a first-person perspective into how CDI programs can effectively manage staff, advance CDI practices, expand into new arenas, and engage with other departments. Nearly 40 posters were presented at this year's ACDIS Conference, and hundreds attended the presentations' open-hours sessions. The exhibit hall was buzzing with new ideas as participants chatted, networked, and jotted down notes to take home to their facilities. Photos of all the presentations, along with a one-page description of their area of concentration, can be found under the Conference Materials section on the Resources tab on the ACDIS website.

Special thanks to the following presenters:

- Michelle Abrams: CDI Screening: Assisting to Define Hospital-Acquired Conditions

- Vicki Anderson: Multidisciplinary Rounds: How CDI Puts the Patient Care Puzzle Together

- Kathleen Brady-Wiesler: Linking CDI With Other Professions

- Karen Bridgeman: How to Successfully Orient New CDI Specialists

- Naomi Coachman: Malnutrition Documentation Opportunities

- Kaitlyn Crowther: Natural Language Processing for Pediatric CDI Opportunities

- Angie Curry: Using Embedded Software for CDI Success

- Robin Deakins: All Saints' CDI Program Improvements

- Lisa Diaz: Documenting Pneumonia and Respiratory Diseases

- C. Dawn Diven: Advance a CDI Program From a Reimbursement Focus to a Patient-Centered Quality Care Program

- Nicole Draper: Australian Animals and Themes to Demonstrate DRGs and What Drives a DRG Change

- Colleen Eichner: Wellstar's Reconciliation Concepts and Impact

Photo by Matt Alexandre
Vicki Anderson's poster likens multidisciplinary CDI rounds to fitting puzzle pieces together.

> **This was my seventh conference, and I have to say that this was the best! Every session I attended was well-presented and full of great information to bring back to my facility and team. The networking also provided a great amount of information and fun! I was fortunate to also have a member of the coding team attend, and to watch the excitement in her eyes brought me such satisfaction! Well done!**
>
> *Conference attendee*

- Tara Engstrom: Importance and Awareness of the Key Role of the CDI

- Catherine Fearns: Program Growth With a Dedicated Physician Advisor

- Patricia Fountain: Value of a Vibrant Reconciliation Process

- Mary Ellen Fraser: Meaningful CDI Collaborations

- Vicki Galyean: HACs and PSIs: Concurrent and Post-Discharge Reviews

- Maria Cristina Guballa: Understanding the Role of the CDI: Coding Liaison and Its Implications in ICD-10-CM/PCS

- Yasmeen Hashimie: Support HCCs Using the "MEAT" (Monitored/Managed, Evaluated, Assessed/Addressed, Treated) Criteria

- Carrie Horn: Expansion of CDI to the Practice Setting

- Marlene Keller: Improving O/E Ratio and Quality Scores on Mortality Cases

- Peggy Khan: Establishing CDI in a Community Critical Access Hospital

- Olga Kotrmuskina: Collaboration Between CDS, MDs, and Registered Dietitians

- Anna Kramer: ICD-10 Changes That Impact Cardiac Conditions

- Letitia Marriott: Bridging the Gap Between CDI and Nursing

- Cynthia Mead: Denials Metrics

- Laurie Morelle: How to Build a Partial Remote CDI Program

- Brenda Ng: Transition From Hospital Employee CDIS to Agency-Contracted Consultant

- Valerie Parent: Providing Merit to Pediatric Case Review

- Kristie Perry: "Let's Write a Book": The Story of Our Patient

- Shannon Prather: Electronic Solution for More Efficient Surgeon Documentation

- Gwen Regenwether: PSI and Physician Documentation Review for Accurate Coding

- Tara Rogers: HRRP and CDI's Impact on Risk-Adjusted Variable Capture

- Antje Jacobson Rorig: Impact of CDI on Diabetes Documentation and ICD-10 Coding

- Kerry Seekircher: Achieving Increase in Capture of Secondary Diagnoses: Congestive Heart Failure (CHF) Specificity

- Sandy St. Germain: Resident Documentation Training Program

- Jodi Stewart: Multidiscplinary Approach to CDI (Clinical and Coding Expertise)

- Deborah Szymanski: Clinical Documentation Beyond the Revenue Cycle

Photo by Matt Alexandre
Tara Engstrom's poster, "Importance and Awareness of the Key Role of the CDI," discusses the importance of understanding the program's mission.

Speakers provide insights on educational sessions

With more than 40 sessions to choose from, the ACDIS Conference provided educational offerings for everyone—from compliance concerns to quality expansion ideas, from clinical reviews to coding guidance exploration, and from basic CDI to advanced education for experienced professionals. Here is a recap of some of the session discussions.

Denials management

Associate attorney, and returning ACDIS speaker **Sarah Mendiola, Esq., LPN, CPC,** presented "Completing the Circle: The Importance of CDI Specialist Participation in the Denial Management Process."

"It is important for CDI specialists to understand what denials their organization is receiving," Mendiola said. Once they do, "they can implement the appropriate safeguards on the front end to prevent them from reoccurring. Since the CDI team has the opportunity to review the documentation, typically before the claim is even billed, they have the opportunity to implement changes in practice to prevent future denials."

Collaboration

Diana Ortiz, RN, co-presented with Kaycie Wood, MSHCM, RHIA, CCS, on "The Honeymoon Phase Is Over: Why Building a Collaborative Marriage Is the Key to Coding and CDI Success." The duo said building an effective relationship between CDI and coding departments is one of the principal reasons for a program's success.

"Whenever you have two professional departments working together in absolute synergy, success is inevitable," Ortiz said. "This holds true for coding and CDI. By building, maintaining, and investing in this relationship here at Ochsner Health System, we are seeing the results of our shared efforts."

Coding and CDI leaders need to be engaged and respectful of each other's viewpoints, they told attendees as they shared practical ideas to build inter-departmental bridges and inspire the audience.

CDI in inpatient rehab

Andrea Johnson, RN, BSN, CCDS, presented "Development of an Inpatient Rehabilitation Program." The groundwork for such a program was already underway when she joined her facility. She learned the basics from her administrator, director, and CDI specialist predecessor, a former rehab nurse who was newly learning CDI.

Since she joined the program, the facility upgraded to an electronic CDI query form and acquired CDI and coding software for the four rehab facilities Johnson covers.

"We provided ICD-10 education to physicians, utilization review nurses, and social workers," she said. "ICD-10 education was ongoing, of course, but it was essential during the period of transition from ICD-9. These experiences were very rewarding for me. It's still very exciting, as I am frequently adding or tweaking new processes. Every day I learn something new. Rehab was such a surprise to me—it's quite different than what I assumed."

Medical necessity reviews

Megan Buyrn, BSN, RN, CCDS, Pence Livingston, BSN, RN, and **MaryKate Rentschler, MBA, BSN, RN,** presented "Medical Necessity Reviews: CDI Impact on Provider Documentation." In their facility's emergency room, providers decide the level of care, so the team started exploring medical necessity reviews with their documentation.

"We first conducted baseline audits, shared the results with the providers, and implemented other interventions, such as form revisions and tip cards," Buyrn said. "We then conducted continual follow-up audits with regular feedback and results for a two-year period. We expanded this process to include adult medicine, psychiatric, and pediatric inpatient areas."

During the session, Rentschler offered attendees ideas to help

> **Whenever you have two professional departments working together in absolute synergy, success is inevitable.**
>
> *Diana Ortiz, RN*

Photo by Matt Alexandre
Some sessions are so popular as to be standing (or sitting) room only.

improve attending documentation of medical necessity for observation and inpatient hospitalization in order to decrease denial vulnerabilities. She also talked about the team's process for retrospective audits of observation, inpatient, and short-stay ICU admissions and outlined strategies to help improve physician compliance and hospital system processes through educational tools and strategic distribution of audit results.

Query efforts

Susan Edamala, RN, MSN, CCRN, CDI specialist at the University of Illinois in Chicago, and Karl Kochendorfer, MD, FAAFP, presented "Kiss My Query: How We Achieved and Maintained a 100%

Query Response Rate Since 2014 for Surgical Services."

Their team was able to achieve a 100% query response rate for a surgical service because of the department's "engagement and commitment of the senior leadership and physician champions," Edamala said.

"The ability to translate and interpret information from the medical record from both the clinical perspective and coding perspective are important attributes for CDI specialists to have," she said. "CDI specialists must be able to bridge the gap [between coding and physicians], so as to have the most accurate clinical picture of the patient."

Pediatric CDI

Carrie Norwood, RN, BSN, CPN, CDI specialist at Children's of Alabama in Birmingham, along with **Lauren Shivers, BSN, RN, CPN,** presented "It's a Grown-Up World in Pediatric CDI." Although they're a relatively new program, having started CDI efforts in June 2014, they've experienced significant success, Norwood said.

"Our No. 1 challenge and success combined would be that everything is very fluid. We try new things and go from there. Members of our team are always trying something different and sharing it with the team if it goes well. If it doesn't, we go back to the drawing board," Norwood said.

"From the beginning, this has been a learning experience for the entire team," said Shivers. "We've all been nurses for years, but no one knew anything about CDI. I feel like I'm learning something new every day."

Remote CDI

Cindi Stefl, RN, BSN, CCDS, CDS manager at Systems & Technology Service Center in Lakewood, Colorado, Holly Burich, RN, CCDS, and Natalie Esquibel, RN, CCDS, presented on the "Benefits and Pitfalls of Remote CDI and Census Balancing for a Multi-Hospital CDI Team." Stefl said that those seeking to employ remote practices need to establish set processes for remote CDI specialists and understand census balancing.

CDI programs across the country are challenged to maintain a staff of experienced, high-performing clinical documentation specialists to consistently achieve their program's and health system's goals, she said.

"With an electronic medical record and CDI processes that are 100% electronic, CDI programs are now able to tap a nationwide candidate pool for their open CDI specialist positions," Stefl said.

Remote CDI practices can offer increased productivity, decreased distractions, flexibility, and increased job satisfaction, she said.

> **Our industry has evolved from capturing CCs and MCCs for reimbursement to looking at the whole picture to reflect the true quality of care of our patients.**
>
> *Allison Clerval, RN, BSN, CCDS*

"It also allows a health system to share CDI resources—census balance—across their care sites to maximize CDI coverage and impact. Defining a policy and process for remote CDI and census balancing enhances team coordination, communication, setting expectations, and overall success," said Stefl.

Any experienced, high-performing CDI specialist can benefit from the option to work remotely.

Critical access programs

Debbie Mackaman, RHIA, CPCO, CCDS, regulatory specialist at BLR Healthcare in Middleton, Massachusetts, presented "Outside of the Box: CDI Programs in Critical Access Hospitals."

CDI professionals in a critical access setting have to be able to expand their traditional skill set and wear many hats, Mackaman said.

"Since a CAH is not paid under the MS-DRG for its inpatients, improving documentation takes on a new twist. It is not unusual for a CDI program in a CAH to expand into those outpatient areas with a regulatory focus," she said.

A CDI professional can be instrumental in improving documentation not only in the inpatient area to affect quality patient care, but also in the ER and observation areas as a part of the transition from outpatient to inpatient status, said Mackaman.

"Thinking outside of the box in the CDI arena shows the value and versatility of the CDI professional. The only true difference between a CAH and other hospitals is the

Photo by Matt Alexandre
With so much information being shared, participants need to pay close attention so they don't miss anything.

payment methodology—cost versus pay-per-service.

"As a past compliance officer and current regulatory specialist, a broad range of staff need to understand the regulations that drive appropriate billing and payment. CDI staff can play a key role in guiding any hospital's compliance efforts," she said.

Efforts related to Patient Safety Indicators

Allison Clerval, RN, BSN, CCDS, and **Kathleen M. Shindle, RN, BSN, CCDS,** presented "To Err Is Human: CDI Impact on Patient Safety Indicators."

Patient safety indicators (PSI) are a set of metrics, outlined by CMS, that provide info on adverse events and negative outcomes, Clerval said. They provide a standard for measuring care, and are becoming increasingly tied to reimbursement.

"Our industry has evolved from capturing CCs and MCCs for

reimbursement to looking at the whole picture to reflect the true quality of care of our patients," she said.

CDI involvement in recognizing PSIs is just the natural progression of capturing diagnoses, present on admission status, the physician's intention, and true quality concerns, Clerval said.

"We think it's safe to say that the quality of care provided to our patients is a top concern for us all," Shindle said. "We all play a role in capturing the true picture of our patient's condition, whether it's through documenting the care provided or accurately coding the record. Making sure we are only capturing true PSIs helps direct research to prevent future complications."

(The complete Q&As are available on the ACDIS Blog.)

Local chapter leaders provide on-site networking

Courtesy photo
Thanks to the efforts of Texas chapter leader Jeanne Bradbury, these decorated tables serve to gather folks from the Lone Star State together at this year's conference.

Ohio had red and white balloons and lit up the letters of the state's name. Florida had blow-up palm trees, flip flops, and luau gear. Texas covered tables with star-spangled table cloths, state flags, bandanas, cowboy boots, and even flowers. These were just a few of the innovative ideas that local chapter leaders came up with to facilitate networking with those from their state attending the ACDIS Conference.

The second day of the conference is traditionally devoted to helping participants get to know other CDI professionals from their state. Although the industry has grown since the first conference nine years ago, in the early days CDI professionals often worked as the sole CDI staff person at their facility. Being able to identify others from their area represented an additional benefit of attending the conference. Attendees are invited to don an article of clothing they feel represents their state—often some manner of sports shirt, baseball cap, or football jersey. This allows others from their region to quickly identify each other without having to squint at name badges.

Now, with more than 40 local chapters across the country, volunteer leaders have taken this tradition to the next level by picking themes, decorating tables in the exhibit hall, playing networking games, providing giveaways, and offering after-hours meetups to conference attendees from their states. They do all this on their own, through their dedication to the ACDIS community, with an eye toward embracing their fellow professionals and ensuring the conference continues to be as welcoming and warm an environment today, with 2,000 people, as it was when it first started with little more than 100.

Cheers to their creativity and dedication. ACDIS wouldn't be what it is today without their tireless efforts.

Behind-the-scenes teamwork leads to event success

The core ACDIS team is supported by dozens of people with innumerable talents that, when put together, produce the thriving conference we experienced in Atlanta. We hope you'll join us in thanking our HCPro/BLR staff members who made the conference possible.

While it would be near impossible to name every single person who contributed in some way, we're going to give it our best shot:

Shannon Storella, Kathy Wilson, Wendy Walsh, Maggie Gagnon, and the entire events team: Shannon was our fearless leader throughout the conference, from the planning stages to the live event. She kept us all in line and helped the event run as smoothly as possible.

Kathy did an amazing job holding the entire event together, working between the various departments as well as with the hotel staff and conference center management to ensure everything stayed in line. The conference wouldn't have been as successful (or fun) without her!

Our conference presenters have gotten to know Wendy Walsh (or

Photo by Matt Alexandre
Lead coding Boot Camp instructor Shannon McCall and lead CDI Boot Camp instructor Laurie Prescott share a laugh as they prepare for the boxing-themed session on how coders and CDI professionals need to collaborate.

W2, as she sometimes signs her emails) very well over the past six to eight months. She was our conference producer extraordinaire, helping guide the speakers from the planning stages of their presentations to execution at the actual conference. She kept track of speakers' presentations, made sure their travel arrangements were set, ensured their presentations met ANCC continuing education requirements, and performed a host of other tasks required to keep the sessions full of quality information. In addition, she helped prepare our room moderators to produce the best session experience possible.

Maggie did a fantastic job both behind the scenes leading up to the conference and throughout the conference to generally ensure that the entire event ran smoothly.

Jess Carbone: Jess was the main person behind our ACDIS Conference App. She worked tirelessly with the app developer throughout the year to improve functionality, add messaging, upload materials, and train the rest of the ACDIS staff on how to use the app. We loved seeing the attendees interact through the app and post updates from the sessions, and it would not be possible without all of Jess' hard work!

Steven Andrews, Sharme Brodie, Katy Rushlau, Amanda Tyler, Laurie Prescott, Delaney Rebernik, and Rebecca Hendren: These amazing folks were our room moderators for our five session tracks, making sure the sessions ran as smoothly as possible. They let you know where the bathrooms were, asked you to silence your cell phones, and reminded you to use the microphones to ask your questions at the close of each session. They also kept the rest of the conference group updated via the app on interesting quotes and tidbits from each presentation. We'd like to give a special shoutout to Laurie and Sharme, who taught our CDI for Quality pre-conference Boot Camp.

Sheila McGrath, David Horvath, Melissa Varnavas, Penny Richards, Rachel Dicker, Chris Driscoll, and everyone in the ACDIS booth: These hard-working folks were available to explain the various books, pocket guides, newsletters, and other products available to help CDI programs train their staff and grow. In between sessions, the booth was open to attendees wanting to make a purchase or ask a question, and all these consummate professionals were ready and eager to help.

Mary Ann Genovese, Jennifer Hollis, and the rest of our exhibit hall support staff: These folks did a great job working with exhibitors and organizing floor plans, and assisting and directing attendees during the conference.

Melissa Ketelson, Shannon McCall, Dave Garvey, and our registration folks: Thank you for making the registration process run so smoothly, and for answering attendees' questions, fixing or replacing badges, and providing support throughout the conference.

And, finally, our operations manager and staff *Matt Sharpe and Mike*

Courtesy photo
The entire home office of HCPro/BLR Healthcare turns out for an ACDIS sendoff in style—complete with an orange Jeep.

Mirabello made sure all our shipments arrived on time. You guys do not get enough credit for the incredible work you do—this year, a total of 14 pallets, 378 pieces, and 7,474 pounds left the ACDIS office, and it would not have been possible without you!

The list goes on, and surely we've still left off a few names! It truly takes a village, and it's important to recognize the remarkable team behind the faces you know as ACDIS. The conference wouldn't be what it is without the effort of each and every person on this team.

Photo by Matt Alexandre
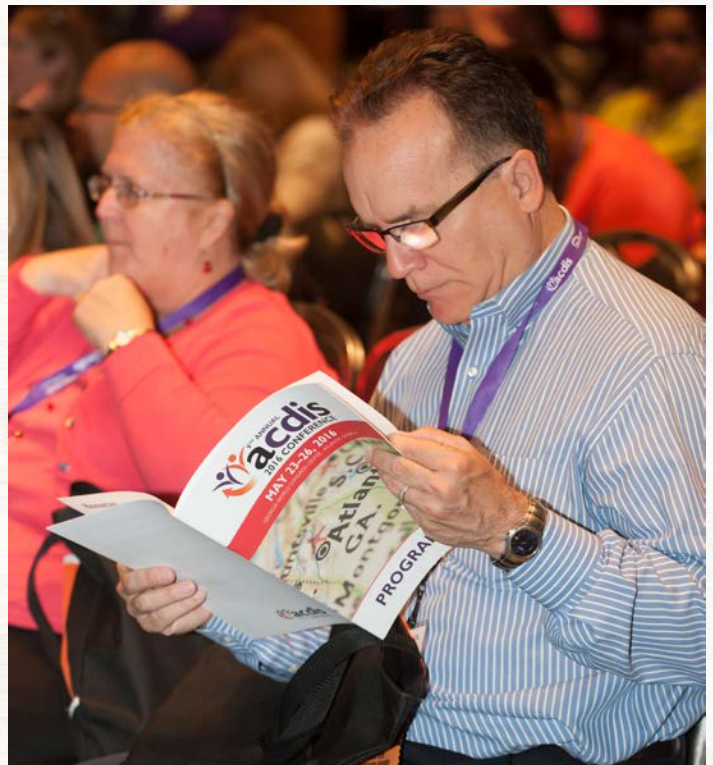CCDS Coordinator Penny Richards, at center, chats with conference attendees outside the event's main hall.

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See You Next Year in Las Vegas!
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