



# One Thing

## Annual Conference

San Antonio, Texas | May 21–24, 2018

Join us in San Antonio for the nation's first and only national conference dedicated to the CDI profession!

*With a dynamic learning structure, first-class faculty, and an unparalleled platform for networking with peers, the 11<sup>th</sup> annual ACDIS Conference is unlike any other industry event!*

2018 ACDIS  
Keynote Speaker

**JOE FLOWER**  
Healthcare Futurist

**HEALTHCARE 2028:  
THE BIG REVEAL  
WILL AI EAT MY JOB?**

**Early Bird rate expires  
March 20, 2018. REGISTER NOW!**



Register now at [hcmarketplace.com/acdis-conference](http://hcmarketplace.com/acdis-conference) and save \$100!  
\*Save \$200 now if you are an ACDIS member

# The 11<sup>th</sup> annual ACDIS Conference

features unparalleled networking, the *ACDIS Achievement Awards*, and concurrent educational tracks with a diverse range of sessions, covering best practices for staff management, physician engagement, clinically focused chart reviews, and critical regulatory updates to improve every aspect of your CDI department.

Learn from your peers and the nation's foremost CDI experts with more than 50 sessions in the following tracks:

- Clinical and Coding
- Management and Leadership
- Quality and Regulatory
- Expansion and Innovation
- Outpatient
- Pediatric



Brian Murphy  
Director, ACDIS

“We know that attending conferences means valuable time out of the office and out-of-pocket expenses, but if you can implement just ‘One Thing’ from the ACDIS Conference, it pays for itself. That’s what the 11<sup>th</sup> annual conference theme is all about—and we can’t wait to share a whole host of ‘One Things’ with our attendees!”



# What's **HOT** in 2018?



Our popular interactive conference app returns, featuring Twitter notifications, conference materials, a session planner, and audience polls. We've also added a new SIXTH track dedicated to pediatric CDI.

This year's lineup of speakers includes Healthcare Futurist **Joe Flower** as well as inspirational and motivational keynote Allison Massari and CMS speaker David Nilasena!



ACDIS offers exceptional peer-to-peer networking and recognition for the CDI profession. Join us in honoring our most inspirational members at the prestigious *ACDIS Achievement Awards*. We'll also be wrapping up this year's conference in style at the first annual closing night Achievement Awards reception!

**Over 98%**  
of 2017 attendees would  
recommend this conference  
to their colleagues



## WHO SHOULD ATTEND?

- 👤 Clinical documentation improvement (CDI) specialists
- 👤 CDI managers/directors
- 👤 Coding compliance directors/managers
- 👤 Coding compliance specialists
- 👤 Coders
- 👤 Case management directors/managers
- 👤 HIM directors
- 👤 Revenue cycle directors
- 👤 Physician champions/advisors to CDI
- 👤 Quality improvement professionals
- 👤 DRG coordinators
- 👤 Chief medical officers
- 👤 Denials and appeals managers
- 👤 Compliance officers
- 👤 Chief financial officers

## Continuing education credits available

The **ACDIS Conference** offers continuing education credits from a variety of professional healthcare organizations.

Please check out  
[hcmarketplace.com/acdis-conference](http://hcmarketplace.com/acdis-conference)  
for up-to-date information.

# THE PHYSICIAN ADVISOR'S ROLE IN CDI BOOT CAMP

**MAY 20–21, 2018** (8:00 A.M. to 5:00 P.M. each day)

The *Physician Advisor's Role in CDI Boot Camp* returns to the 11<sup>th</sup> annual ACDIS Conference with a new format and agenda and a heightened focus on denials and outpatient CDI.

Attendees will receive a half-day of instruction on the critical coding, clinical, and regulatory changes to the CDI profession over the past year, delivered by Nashville-based regulatory guru James S. Kennedy, MD, CCS, CDIP, CCDS. Learn about the new 2019 IPPS rule, the impending changes to the MS-DRG CC/MCC structure beginning on October 1, 2018, the MACRA/MIPS cost efficiency models, ICD-10's impact on mortality, readmission, and complication methodologies, *Coding Clinic* concepts amendable to CDI, and other principles in this jam-packed four-hour session.

The second half of day 1 is a denials workshop led by Trey La Charité, MD, FACP, SFHM, CCS, CCDS, of the University of Tennessee Medical Center in Knoxville, who will walk through his experiences with the Recovery Auditor program and discuss actual denied cases and appeals letters. A good CDI physician advisor knows not only the code and the law, but also the judge and the jury, and La Charité will outline what works and what doesn't work in advocating a facility's relationship with payers and Recovery Auditors.

Attendees then can select their choice of session on day 2: Our popular Physician Advisor 101 by La Charité, which reviews the nuts and bolts of being an effective physician advisor, or a brand-new case study presentation by Nicole Fox, MD, MPH, FACS, CPE, associate chief medical officer at Cooper University Health Care in Camden, New Jersey. Fox will discuss cutting-edge changes to her CDI department, including expansion into the ambulatory setting, remote CDI, and point of entry CDI.

## LEARNING OBJECTIVES

At the conclusion of the course, participants will be able to:

- ✓ Explain the roles and responsibilities of a physician advisor to CDI
- ✓ Describe the most problematic terms in ICD-10-CM/PCS and best practice for resolving coding versus clinical disagreement
- ✓ Identify common problem areas and deficiencies in medical records and physician documentation
- ✓ Construct optimal techniques for engaging physicians in a CDI program
- ✓ Develop best practices for capturing documentation in the hospital's workflow
- ✓ Develop methods for building credibility with medical staff and peers
- ✓ Develop methods for maintaining compliance with various industry audit and payment agencies
- ✓ Identify how coded data is used for physician and hospital profiling and quality initiatives
- ✓ Identify areas of opportunity for CDI in the outpatient setting
- ✓ Identify new growth areas for your CDI department, including point of entry CDI and remote CDI

## FACULTY



**James S. Kennedy, MD, CCS, CDIP, CCDS**, is the founder and president of CDIMD, a Nashville-based physician and facility advisory and consulting firm that advocates ICD-10-pertinent clinical documentation and coding integrity essential to healthcare revenue cycle and quality measurement.



**Nicole Fox, MD, MPH, FACS, CPE**, is associate chief medical officer and medical director of CDI and pediatric trauma at Cooper University Hospital in Camden, New Jersey.

Currently, Fox leads a team of 13 RN CDI specialists who have achieved a 100% physician response rate to queries.



**Trey La Charité, MD, FACP, SFHM, CCS, CCDS**, is the medical director for CDI and coding at the University of Tennessee Medical Center (UTMC) in

Knoxville, Tennessee. He is a former ACDIS Advisory Board member and presenter at the ACDIS pre-conference physician advisor boot camp.

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**“Very informative on many different topics of CDI.”**

Keisha Downes, CDI Manager  
Tufts Medical Center  
Braintree, MA  
2017 attendee

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PRE-CONFERENCE (requires separate registration)

## AGENDA

### Day 1: Sunday, May 20

7:00 A.M.–8:00 A.M.  
**REGISTRATION AND BREAKFAST**

8:00 A.M.–10:00 A.M.  
**CRITICAL CDI UPDATE: TOP PLATE ISSUES REQUIRING IMMEDIATE ATTENTION**

10:00 A.M.–10:15 A.M.  
**BREAK**

10:15 A.M.–11:00 A.M.  
**IMPACT OF ICD-10-CM/PCS ON MORTALITY/READMISSION/QUALITY CALCULATION**

11:00 A.M.–12:00 P.M.  
**OUTPATIENT CDI FUNDAMENTALS**

12:00 P.M.–1:30 P.M.  
**LUNCH (PROVIDED)**

1:30 P.M.–3:00 P.M.  
**MAN THE BARRICADES! TODAY'S RECOVERY AUDITOR REALITY**

3:00 P.M.–3:15 P.M.  
**BREAK**

3:15 P.M.–4:45 P.M.  
**STOPPING THE HEMORRHAGE: STRATEGIES FOR APPEALING RECOVERY AUDITOR DENIALS**

4:45 P.M.–5:00 P.M.  
**OPEN Q&A**

5:00 P.M.  
**ADJOURN**



### Day 2: Monday, May 21

#### Track 1: Physician Advisor 101: Core Skills and Responsibilities

7:00 A.M.–8:00 A.M.  
**BREAKFAST**

8:00 A.M.–9:00 A.M.  
**ACHIEVING MEDICAL STAFF BUY-IN**

9:00 A.M.–10:00 A.M.  
**READY, SET, INTERVENE! MANAGING PROBLEMS, PITFALLS, AND PERSONALITY DISORDERS**

10:00 A.M.–10:15 A.M.  
**BREAK**

10:15 A.M.–11:00 A.M.  
**TIMING IS EVERYTHING: HOW AND WHEN TO QUERY**

11:00 A.M.–12:00 P.M.  
**STOP, DROP, AND ROLL! MANAGING THE UNEXPECTED FIRES**

12:00 P.M.–1:30 P.M.  
**LUNCH (PROVIDED)**

1:30 P.M.–3:00 P.M.  
**PRACTICAL CONSIDERATIONS: CDI TEAM STRUCTURE AND PA POSITION DEVELOPMENT**

3:00 P.M.–3:15 P.M.  
**BREAK**

3:15 P.M.–4:30 P.M.  
**CDI: NOT JUST FOR INPATIENTS ANYMORE**

4:30 P.M.–5:00 P.M.  
**OPEN Q&A**

5:00 P.M.  
**ADJOURN**

#### Track 2: Cooper University Health Care: CDI Case Study

7:00 A.M.–8:00 A.M.  
**BREAKFAST**

8:00 A.M.–9:15 A.M.  
**PLAYING TO WIN: CLINICIAN ENGAGEMENT WITH CDI**

9:15 A.M.–10:00 A.M.  
**THINKING OUTSIDE THE BOX: THE HYBRID CDI MODEL**

10:00 A.M.–10:15 A.M.  
**BREAK**

10:15 A.M.–11:15 A.M.  
**EXPANDING THE ROLE: PSIS, HACS, AND MORE**

11:15 A.M.–12:00 P.M.  
**THE CMI IS DOWN!!! CALL C-D-I (AND OTHER EMERGENT REQUESTS)**

12:00 P.M.–1:30 P.M.  
**LUNCH (PROVIDED)**

1:30 P.M.–2:15 P.M.  
**IT'S ALL ABOUT THE ... METRICS**

2:15 P.M.–3:00 P.M.  
**BEYOND THE WALLS: BUILDING AN AMBULATORY CDI PROGRAM**

3:00 P.M.–3:15 P.M.  
**BREAK**

3:15 P.M.–4:30 P.M.  
**POINT OF ENTRY CDI: ANOTHER FRONTIER**

4:30 P.M.–5:00 P.M.  
**OPEN Q&A**

5:00 P.M.  
**ADJOURN**

*\*Agenda and speakers are subject to change.*

**Cost: \$1,349**

Purchase with admission to the 11<sup>th</sup> annual national conference and **SAVE 15%!**

**REGISTER TODAY!** Visit: [hcmarketplace.com/acdis-conference](http://hcmarketplace.com/acdis-conference) | Call: 615-724-7200 | Email: [customerservice@hcpro.com](mailto:customerservice@hcpro.com)

PRE-CONFERENCE (requires separate registration)

# MASTERING CLINICAL CONCEPTS IN CDI BOOT CAMP—SPECIAL 2-DAY EDITION

**MAY 20–21, 2018** (8:00 A.M. to 5:00 P.M. each day)

The **Mastering Clinical Concepts in CDI Boot Camp** focuses on key pathophysiological concepts that will improve the quality of clinical indicators used in provider queries. The hands-on, practical format of this two-day pre-con enhances critical thinking skills and prepares CDI specialists to be leaders in their field and communicate collaboratively with providers.

Are you looking for in-depth clinical documentation training and want to take CDI discussion to the next level? Do you want to go beyond quoting buzzwords and reminding physicians to capture the next CC? If you do, this boot camp is for you. It will increase your understanding in a way that will move your CDI practice from query to collaboration.

## AGENDA

### DAY 1: SUNDAY, MAY 20

7:00 A.M.–8:00 A.M.

**REGISTRATION AND BREAKFAST**

8:00 A.M.–8:40 A.M.

**INTRODUCTION**

8:40 A.M.–9:30 A.M.

**INFECTIOUS DISEASE**

9:30 A.M.–10:00 A.M.

**DISEASES & DISORDERS OF THE KIDNEY & URINARY SYSTEM**

10:00 A.M.–10:15 A.M.

**BREAK**

10:15 A.M.–10:45 A.M.

**DISEASES & DISORDERS OF THE KIDNEY & URINARY SYSTEM (CONTINUED)**

10:45 A.M.–12:00 P.M.

**DISEASES & DISORDERS OF THE CARDIOVASCULAR SYSTEM**

12:00 P.M.–1:30 P.M.

**LUNCH (PROVIDED)**

1:30 P.M.–2:00 P.M.

**DISEASES & DISORDERS OF THE CARDIOVASCULAR SYSTEM (CONTINUED)**

2:00 P.M.–3:00 P.M.

**DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM & HEPATOBILIARY SYSTEM**

3:00 P.M.–3:15 P.M.

**BREAK**

3:15 P.M.–4:15 P.M.

**DISEASES & DISORDERS OF THE BLOOD AND NEOPLASMS**

4:15 P.M.–5:00 P.M.

**OPEN Q&A, EXERCISE REVIEW**

5:00 P.M.

**ADJOURN**

### DAY 2: MONDAY, MAY 21

7:00 A.M.–8:00 A.M.

**BREAKFAST**

8:00 A.M.–9:30 A.M.

**DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM**

9:30 A.M.–10:00 A.M.

**MENTAL DISEASE & DISORDERS, ALCOHOL & SUBSTANCE USE, ABUSE, DEPENDENCE**

10:00 A.M.–10:15 A.M.

**BREAK**

10:15 A.M.–10:45 A.M.

**MENTAL DISEASE & DISORDERS, ALCOHOL & SUBSTANCE USE, ABUSE, DEPENDENCE (CONTINUED)**

10:45 A.M.–12:00 P.M.

**ENDOCRINE, NUTRITIONAL, & METABOLIC DISORDERS**

12:00 P.M.–1:30 P.M.

**LUNCH (PROVIDED)**

1:30 P.M.–2:00 P.M.

**ENDOCRINE, NUTRITIONAL, & METABOLIC DISORDERS (CONTINUED)**

2:00 P.M.–3:00 P.M.

**DISEASES & DISORDERS OF THE NERVOUS SYSTEM**

3:00 P.M.–3:15 P.M.

**BREAK**

3:15 P.M.–3:45 P.M.

**DISEASES & DISORDERS OF THE NERVOUS SYSTEM (CONTINUED)**

3:45 P.M.–5:00 P.M.

**OPEN Q&A, EXERCISE REVIEW**

5:00 P.M.

**ADJOURN**

*\*Agenda and speakers are subject to change.*

*The timing may change as the course is presented to allow for discussion.*

## FACULTY

**Laurie Prescott, RN, MSN, CCDS, CDIP, CRC**, is the CDI education director for ACDIS. She is the developer and lead instructor for the ACDIS boot camp line. Prescott is a former CDI manager and a nursing manager with experience in med/surg, ICU, PACU, and endoscopy.

**Allen Frady, RN, BSN, CCDS, CCS, CRC**, is a CDI education specialist for ACDIS where he teaches clinical documentation improvement boot camps and serves as a subject matter expert for ACDIS. His experience includes 12 years as a coding consultant, two years as a coding director at the Medical College of Georgia, and six years as a CDI consultant.

**Cost: \$1,149**

Purchase with admission to the 11<sup>th</sup> annual national conference and **SAVE 15%!**

PRE-CONFERENCE (requires separate registration)

## CCDS EXAM PREP CLASS

May 20–21, 2018 (8:00 A.M. to 5:00 P.M. each day)

The **CCDS Exam Prep Class** prepares you to take the CCDS exam and advance in your professional career. By equipping you with test-taking skills and CDI knowledge, the class will allow you to tackle the exam with confidence.

In two days, our instructors cover the main focus areas of the CCDS exam as outlined in the examination content outline (see the CCDS Exam Candidate Handbook):

- ✓ Healthcare regulations, reimbursement, and documentation requirements related to the inpatient prospective payment system (IPPS)
- ✓ Anatomy and physiology, pathophysiology, pharmacology, and medical terminology
- ✓ Medical record documentation
- ✓ Healthcare facility CDI program analysis
- ✓ Communication skills
- ✓ *Official Guidelines for Coding and Reporting*
- ✓ Professionalism, ethics, and compliance
- ✓ Impact of reportable diagnoses on quality of care

Plus, our instructors cover real-world study strategies for adult learners.

## FACULTY

**Sharme Brodie, RN, CCDS**, is a CDI education specialist with ACDIS and serves as a full-time instructor for the CDI boot camps as well as a subject matter expert for ACDIS. Her nine years of CDI experience includes a background in consulting in which she provided program reviews and training to the medical staff, including physician education to various healthcare facilities.

If you've attempted to gain CCDS certification before, this class will break down the material covered in the exam to ensure you feel confident and competent when you next sit for it. The program also covers test-taking skills, which helps students who have mastery of the subject matter but do not excel in the stress of a test-taking situation.

You'll also receive access to the CCDS Exam Study Guide online practice exam, allowing you to practice in a realistic scenario.

## AGENDA

### DAY 1: SUNDAY, MAY 20

7:00 A.M.–8:00 A.M.  
**REGISTRATION AND BREAKFAST**

8:00 A.M.–8:15 A.M.  
**INTRODUCTION TO THE CCDS CREDENTIALING EXAM**

8:15 A.M.–10:00 A.M.  
**INPATIENT PROSPECTIVE PAYMENT SYSTEM**

10:00 A.M.–10:15 A.M.  
**BREAK**

10:15 A.M.–12:00 P.M.  
**MEDICAL RECORD REVIEW & QUERY**

12:00 P.M.–1:30 P.M.  
**LUNCH (PROVIDED)**

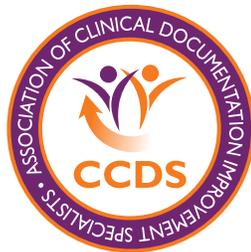
1:30 P.M.–3:00 P.M.  
**GUIDELINES FOR CODING & REPORTING**

3:00 P.M.–3:15 P.M.  
**BREAK**

3:15 P.M.–4:45 P.M.  
**DRG EXPERT TUTORIAL**

4:45 P.M.–5:00 P.M.  
**QUESTION AND ANSWER**

5:00 P.M.  
**ADJOURN**



### DAY 2: MONDAY, MAY 21

7:00 A.M.–8:00 A.M.  
**BREAKFAST**

8:00 A.M.–10:00 A.M.  
**ANATOMY & PHYSIOLOGY REVIEW**

10:00 A.M.–10:15 A.M.  
**BREAK**

10:15 A.M.–12:00 P.M.  
**ETHICS, PROFESSIONALISM, & COMPLIANCE**

12:00 P.M.–1:30 P.M.  
**LUNCH (PROVIDED)**

1:30 P.M.–3:00 P.M.  
**IMPACT OF REPORTABLE DIAGNOSES ON QUALITY MEASURES**

3:00 P.M.–3:15 P.M.  
**BREAK**

3:15 P.M.–4:30 P.M.  
**CDI PROGRAM ANALYSIS**

4:30 P.M.–4:45 P.M.  
**CONCLUSION/WRAP UP**

*\*Agenda and speaker are subject to change.  
The timing may change as the course is presented to allow for discussion.*

**Cost: \$799**

Purchase with admission to the 11<sup>th</sup> annual national conference and **SAVE 15%!**



# One Thing

May 21–24, 2018

Register before March 20, 2018, and **SAVE \$100!**

## AGENDA

Monday, May 21, 2018

### PRE-REGISTRATION AND WELCOME RECEPTION

2:00 P.M.—6:00 P.M. Pre-registration/exhibitors and attendees

5:00 P.M.—7:30 P.M. Welcome reception  
*Exhibit Hall*

Day 1—Tuesday, May 22, 2018

Please note that the program materials will be available via download and the conference app only. A download link will be provided prior to the event, but a printed book of the presentations will not be available on-site.

### MAIN CONFERENCE

7:00 A.M.—8:00 A.M. Registration and continental breakfast  
*Exhibit Hall*

8:00 A.M.—8:30 A.M. **Welcome Remarks, ACDIS Update, "One Thing"**  
*Brian Murphy, Director, ACDIS, & Robin Jones, Adventist Health Care, ACDIS Advisory Board*

8:30 A.M.—9:30 A.M. **General Session**  
**Healthcare 2028: The Big Reveal**  
*Joe Flower*



9:45 A.M.—10:45 A.M.

### WHAT DO THE SESSION RATINGS MEAN?

**BASIC:** Attendees should have elemental knowledge pertaining to the core elements of the track content

**INTERMEDIATE:** Attendees should be well versed in essential CDI practices and have some experience with the general track content

**ADVANCED:** Attendees should have some depth of experience with CDI efforts as well as with the general track content and be looking for ways to take that level of awareness further

## Breakout Sessions (choose 1 of 6)

### TRACK 1: CLINICAL & CODING

#### CDI for Surgeons: What You and They Need to Know

*Trey La Charité, MD, FACP, SFHM, CCS, CCDS*

##### INTERMEDIATE

Surgeons are the most important financial drivers of your institution's revenue cycle and an integral component of its publicly reported quality data, but they tend to be documentation minimalists at baseline. This presentation will review the basic documentation needs of all surgeons and specifics of most subspecialties.

### TRACK 2: MANAGEMENT & LEADERSHIP

#### Perfecting Provider Education: Practical, Powerful, and to the Point

*Aimee M. Van Balen, RN, BSN, CCDS, & Laurie A. Morelle, RN, MS, CCDS*

##### BASIC

Struggling with how to educate your MDs? Having difficulty with engagement and query response rates? We can help! Come on in to learn from our mistakes and successes over the last eight years. In this hectic world of healthcare, optimize any educational opportunity that comes your way: Be practical, powerful, and to the point.

### TRACK 3: QUALITY & REGULATORY

#### Exploring Mortality Scores: How Mortality Scores Improve Quality Data

*Pamela Hess, MA, RHIA, CDIP, CCS, CPC, & Susan Schmitz, JD, RN, BSN, CCS, CDIP, CCDS*

##### ADVANCED

Engage in a discussion on mortality scoring and analysis by understanding expected versus actual mortality calculation. Take home a step-by-step approach to integrating mortality scoring as part of your CDI program and tools to train providers, coders, and CDI staff on documentation requirements to support accurate mortality scores.

### TRACK 4: EXPANSION & INNOVATION

#### CDI in a Critical Access Hospital: A Case Study at Pella Regional Health Center

*Amy Fletcher, RN, CCDS, & Jacie Kramer, RN, BSN*

##### INTERMEDIATE

CDI programs aren't only for the acute inpatient arena; they are also being implemented in critical access hospitals (CAH) and Medicare dependent hospitals. Learn how to build a successful program to meet the varying regulatory obligations, and identify key measures to illustrate how CAH CDI can be just as rewarding and beneficial as an acute care program.

### TRACK 5: OUTPATIENT

#### Outpatient CDI: Where to Start and Needed Next Steps

*Anny P. Yuen, RHIA, CCS, CCDS, CDIP*

##### BASIC

The volume of denials due to lack of medical necessity for outpatient services is increasing. As a result, providers must ensure that they develop processes around improving documentation to justify services in all areas of care provided. This session provides strategies for getting started.

## TRACK 6: PEDIATRIC

### Little Kids, Big Doc? Big Problem: Meeting the Challenges of Pediatric Physician Engagement

Sandra Love, CCDS, & Melinda G. Matthews, RN, BSN, CCDS, CDIP

#### ADVANCED

This session offers strategies to optimize your pediatric CDI program, including hidden opportunities to drive severity of illness and risk of mortality while supporting final coding and audit defense, creative methods for engaging and educating reluctant pediatric providers, recruiting and training talented CDI staff, and reviewing big data to calculate return on investment.

10:45 A.M.—11:30 A.M.

### Networking break

Exhibit Hall

11:30 A.M.—12:30 P.M.

### Breakout Sessions (choose 1 of 6)

## TRACK 1: CLINICAL & CODING

### Coding Clinic Update

James S. Kennedy, MD, CCS, CDIP, CCDS

#### INTERMEDIATE

While the ICD-10-CM/PCS Index, Table, and Guidelines serve as the foundation for code assignment, the American Hospital Association's *Coding Clinic for ICD-10-CM/PCS* provides interpretative advice deemed by many to be official. This program will review key advice related to provider queries such as emaciation due to malnutrition, encephalopathy inherent or integral to a cerebral infarction, DRG-sensitive sequencing instructions, and other advice impacting severity and risk adjustment.

## TRACK 2: MANAGEMENT & LEADERSHIP

### From the Ice Age to Modern Day: How to Unfreeze Your CDI Program

Jennifer A. Crumb, RN, BSN, CCDS; Ashlyn Hard, RN, BSN, CCDS, CDIS;  
& Jennifer Woodworth, RN, BSN

#### ADVANCED

Now that CDI efforts have been around for quite a few years, organizations are noticing a plateau effect—the case-mix index has found its happy place, physicians are comfortable with the query process, and the CDI team is satisfied with their roles and responsibilities. Participants will explore how to recognize several key stages of a CDI program and identify the best actions to take at each stage for continued growth.

## TRACK 3: QUALITY & REGULATORY

### Advancing CDI: The Quality Story

Jennifer Eaton, RN, MSN, CCDS, & James Fee, MD, CCS, CCDS

#### BASIC

The impact of clinical documentation and coding has expanded as CMS and other payers shift from fee-for-service to value-based payments linked to quality and cost outcomes. Speakers will take participants step by step through identifying common CDI opportunities using a data-driven approach, infrastructure, and workflow built to ensure process efficiency and data governance, while also outlining concrete measures of success.

## TRACK 4: EXPANSION & INNOVATION

### Documentation Essentials for the Post-Acute Care Provider

Timothy Brundage, MD, CCDS

#### INTERMEDIATE

Documentation in the long-term acute care setting (LTAC) differs compared to documentation optimization for typical short-term care centers. This session provides documentation improvement methodologies you can teach to physicians to support optimization of the MS-DRG and demonstrate how sick patients are when they go to the LTAC level.

**“A very informative and interactive conference that covers a broad scope of subject matter within the CDI industry.”**

Joy Coletti, System Director, CDI  
Memorial Hermann Health System  
Houston, TX  
2017 attendee

## TRACK 5: OUTPATIENT

### Data Management and Outpatient CDI

*Cherri Sanders, RHIT, & Heather Marie Smith, CCS-P, CRCS-I*

#### INTERMEDIATE

Our facility serves a large Medicare population, making it vulnerable to Medicare's LCD/NCDs, and it experienced thousands of dollars in denials annually without fully understanding what was being denied and why. Everything changed when the team received access to pull reports directly from the billing software and created a precise work plan and reporting mechanism for its outpatient CDI program.

## TRACK 6: PEDIATRIC

### Pediatric Surgery: The Ins, Outs, and In-Betweens

*Valerie A. Bica, BSN, RN, & Leah N. Savage, MSN, RN, CCDS*

#### ADVANCED

Coding of surgical procedures can be difficult, especially if you are not sure what physicians are doing or why. This presentation is intended to help simplify coding of pediatric surgical procedures and give the learner a better understanding of the medical diagnosis being treated and when it is appropriate to ask for a more specific diagnosis.

12:30 P.M.—1:45 P.M.

### Lunch

*Exhibit Hall*

1:45 P.M.—2:45 P.M.

### Breakout Sessions (choose 1 of 6)

## TRACK 1: CLINICAL & CODING

### What's in a Review? Key Factors to Include and Exclude

*Deanne Wilk, BSN, RN, CCDS, CCS*

#### BASIC

This session provides an overview of the how, what, and why of a CDI review. It will provide exactly what you want to be looking for and what you should include and exclude. During the presentation, attendees will learn why we produce a CDI review, what elements should be included, how to balance review quality and productivity concerns, and how to advance CDI to the next level.

## TRACK 2: MANAGEMENT & LEADERSHIP

### Physician Advisor Spectrum: Expert Exploration

*Donald A. Butler, RN, BSN*

#### INTERMEDIATE

This must-attend session explores physician advisor roles, experiences, and successes. A number of expert physician advisors will come together and share their hard-won wisdom on how to improve physician engagement.

## TRACK 3: QUALITY & REGULATORY

### Is CDI the Secret to Success? How the Top Ranked Hospitals Outperform Peers in Quality

*Anthony F. Oliva, DO, MMM, FACP, & Shane Wolverton*

#### ADVANCED

A recent study found that 93% of hospitals with clinically focused CDI programs outperformed their peers in overall mortality ratings. In this session, participants will learn about the inextricable link between patient outcomes, hospital rankings, and hospital reimbursement to the quality of care that is delivered, documented, and measured.



## TRACK 4: EXPANSION & INNOVATION

### Physician Engagement: Drive Success With a CDI Physician Educator

*Judy Cassetty, BSN, RN, CCDS, & Sylvia Emery, MSN, RN, RHIA, CCDS, CCS*

#### INTERMEDIATE

Implementing the CDI physician educator role led to a 20% increase in the provider response rate throughout St. Joseph Health System. This session offers a panel discussion with St. Joseph CDI staff to explore the role of CDI physician educator and the significant contribution the position brings to the organization.

## TRACK 5: OUTPATIENT

### HCCs: Meeting Compliance Demands

*Richard D. Pinson, MD, FACP, CCS*

#### ADVANCED

This session describes differences in hospital and provider payment methodologies to set the stage for understanding how HCCs affect reimbursement and quality reporting. Participants will learn outpatient coding guidelines and clinical diagnostic validation standards and criteria. The session also highlights some of the most common HCC diagnoses via case study examples.

## TRACK 6: PEDIATRICS

### How to Implement CDI in the NICU

*Rabia Jalal, MBBS, CCS, CDIP, CCDS, & Loni J. Johnston, RN, BSN, CCDS*

#### BASIC

The neonatal intensive care unit (NICU) represents a growth opportunity for CDI. Unfortunately, due to specialization training, rolling out CDI to the NICU can seem like an impossible task. Participants will learn strategies to leverage existing resources.

2:45 P.M.—3:45 P.M.

### Networking break

*Exhibit Hall*

3:45 P.M.—4:45 P.M.

### Breakout Sessions (choose 1 of 6)

## TRACK 1: CLINICAL & CODING

### Everything You Need to Know About Sepsis

*Sam Antonios, MD, FACP, SFHM, CPE, CCDS*

#### BASIC

Sepsis has been on an interesting, albeit winding ride, with a big twist in 2016 as clinical definitions changed once again. This presentation will review the history of the disease, explore new definitions and how to critically think about them, and look at how to build a case for sepsis in the new world.

## TRACK 2: MANAGEMENT & LEADERSHIP

### Integrating Analytics Into CDI Operations to Build a Stronger Program

*Susanne Gleason, RHIT, CCDS, & Sandeep Soman, MD*

#### INTERMEDIATE

When Henry Ford Health System centralized CDI programs at four acute care hospitals, it transitioned performance measurement from a reporting focus to the integration of analytics into all aspects of CDI, including quality. Participants will be able to identify standardized measurement processes and metrics, and create an analytics dashboard to identify and prioritize cases for review.

### TRACK 3: QUALITY & REGULATORY

#### HAC, PSI, and PDI: Incorporating Reviews Into Daily CDI Workflow

*Vicki J. Galyean, RN, BSN, CCDS*

##### BASIC

Accurate reporting of quality measures is imperative for hospitals. This session will explore definitions of hospital-acquired conditions, patient safety indicators, and pediatric quality indicators (HACs, PSIs, and PDIs) and provide insight into inclusion and exclusion criteria for adverse events as well as tips for concurrent record review.

### TRACK 4: EXPANSION & INNOVATION

#### Leveraging the EHR to Create Real-Time Provider Documentation Tools

*Michelle McCormack, RN, BSN, CCDS, CCS, CRCR*

##### ADVANCED

To keep technology useful, CDI programs need to create workflows and tools to increase effectiveness within the review process. This session will recount how Stanford Health Care's CDI program created interactive, real-time documentation tools for providers. Participants will gain strategies for determining tool focus, creation and implementation, provider engagement, and IT support.

### TRACK 5: OUTPATIENT

#### Some Assembly Required: Building an Outpatient Program

*Tracy Boldt, RN, BSN, CCDS, CDIP, & Robert Erickson, MD, CCDS*

##### INTERMEDIATE

Essentia Health System is a member of an accountable care organization with over 75,000 members, and its outpatient CDI program touches over 60 clinics systemwide. This presentation provides attendees with tools for effective outpatient data mining, approaches to hiring, policy and procedure development for the outpatient setting, query examples, and more.

### TRACK 6: PEDIATRIC

#### Pediatric Risk Adjustment for CDI Professionals

*Mark N. Dominesey, RN, BSN, MBA, CCDS, CDIP, CHTS-CP*

##### INTERMEDIATE

Many CDI specialists are just beginning to scratch the surface of risk adjustment as it pertains to their work, and even fewer have undertaken the specialized education necessary to work in the pediatric setting. Inpatient and outpatient risk adjustment methodologies in these settings will be discussed as well as case examples that will allow participants to put their learning into action.

4:45 P.M.

Adjourn

***“Great opportunity to get ahead of what is coming in the future of CDI. Great opportunity to confirm things that you are doing right and correct things that need correction in your practice.”***

John Worthy  
Medpartners  
Indianapolis, IN  
2017 attendee

## Day 2—Wednesday, May 23

7:00 A.M.—8:00 A.M.

**Continental breakfast**

*Exhibit Hall*

8:00 A.M.—8:30 A.M.

**2018 ACDIS Achievement Awards**

*Brian Murphy, Director, ACDIS*

8:30 A.M.—9:30 A.M.

**Keynote session: CMS Regulatory Update**

*David S. Nilasena, MD, MSPH, MS, Chief Medical Officer, U.S. Centers for Medicare and Medicaid Services, Dallas Regional Office*

9:45 A.M.—10:45 A.M.

**Breakout Sessions (choose 1 of 6)**



### TRACK 1: CLINICAL & CODING

#### **Surgical Complication, or Not, That Is the Question**

*Adriane Martin, DO, CCDS*

##### **BASIC**

Identifying whether a condition that occurred in the operative suite or in the postoperative period is a surgical or postoperative complication can be challenging, even for the most seasoned professionals. Participants will learn common intraoperative complications and postoperative conditions and obtain a clear understanding of each.

### TRACK 2: MANAGEMENT & LEADERSHIP

#### **How Many Hats Is Too Many? Balancing Expansion With Resources and Staff Abilities**

*Laurie L. Prescott, RN, MSN, CCDS, CDIP, CRC*

##### **INTERMEDIATE**

CDI easily demonstrated its return on investment over the past 10 years. That success led to increased demands on CDI programs' attention. Yet, many CDI directors struggle with how to support such requests and meet the needs associated with the evolution of healthcare reimbursement and the focus on quality. This session offers tools and responses to assist the manager in responding effectively and thoughtfully to these requests.

### TRACK 3: QUALITY & REGULATORY

#### **Malnutrition: Will the OIG Be Coming to See You?**

*Kristen Gonzalez, MHA, RHIA; Shelby Humphreys, RHIA; & Vaughn M. Matacale, MD*

##### **ADVANCED**

Following on the heels of its kwashiorkor audits, the Office of Inspector General (OIG) tested the waters on severe malnutrition at Vidant Health, which had implemented a clinical initiative aimed at improving patient outcomes by applying ASPEN guidelines for the diagnosis and treatment of malnutrition. Discover what happened to one of the institutions selected for the OIG's test audits. Learn how the process works, the auditor rationales, and how Vidant responded to OIG investigations.

### TRACK 4: EXPANSION & INNOVATION

#### **How to Mitigate and Manage Denials**

*Tammy Combs, RN, MSN, CDIP, CCS, CCDS, & Melanie Endicott, MBA/HCM, RHIA, CDIP, CHDA, CPHI, CCS, CCS-P, FAHIMA*

##### **INTERMEDIATE**

Participants will learn how to recognize the opportunity to appeal a denial and leverage denial data to inform CDI opportunities. Drafting appeals, monitoring and tracking denials, as well as policy and procedure development will be discussed.

**“There were so many positive interactions and new information provided that all CDI should experience at least one conference if not all.”**

Constance Pickens, RN, BSN  
*Medstar Georgetown University Hospital*  
Washington, DC  
2017 attendee

## TRACK 5: OUTPATIENT

### The Ins and Outs of HCCs: How HCCs Affect the Inpatient Stay

Tara Bell, MSN, RN, CCDS, CCM, & Lisa A. Farhar, RN, MSN, MBA, CCDS

#### INTERMEDIATE

This session will help seasoned inpatient CDI staff use their expertise in a new and challenging field. Further, this session will define common HCCs that are as important in the inpatient arena as CCs and MCCs. Learn how to step out of your comfort zone and embrace the future in this new and exciting CDI role.

## TRACK 6: PEDIATRICS

### Baby Steps: Implementing and Maintaining a Pediatric CDI Program

Jeff Morris, RN, BSN, CCDS; Leah N. Savage, MSN, RN, CCDS; & Sheilah Snyder, MD

#### BASIC

In this panel discussion between a pediatric CDI program physician advisor and two pediatric CDI leaders, attendees will learn key areas for assessment prior to program implementation, clinical conditions unique to the pediatric population, and differences in payment methodologies; they'll also gain a better understanding of the physician support needed for program success.

10:45 A.M.—11:30 A.M.

### Networking break

Exhibit Hall

11:30 A.M.—12:30 P.M.

### Breakout Sessions (choose 1 of 6)

## TRACK 1: CLINICAL & CODING

### Electronic Laboratory Alerting: Effect on Early Detection and Documentation of Acute Kidney Injury

Tarush Kothari, MD, MPH, & Deborah Mallon, RN, MPA, CCS, CCS-P

#### INTERMEDIATE

Varying standards of care for patients with acute kidney injury (AKI) contribute to poor outcomes and high care costs. This case study shows how AKI detection algorithms can be embedded in biochemistry laboratories of acute hospitals to provide clinical decision support, ensure accurate provider documentation, and prevent adverse patient outcomes.

## TRACK 2: MANAGEMENT & LEADERSHIP

### Compliance Risks Associated With DRG Mismatches

Kathryn DeVault, MSL, RHIA, CCS, CCS-P, FAHIMA, & Mary H. Stanfill, MBI, RHIA, CCS, CCS-P, FAHIMA

#### BASIC

The issue of DRG mismatches isn't new, but it's become more significant with the transition to ICD-10. This presentation focuses on the factors affecting DRG assignment, how to manage the operational and financial issues related to mismatches, and how to monitor and leverage CDI and coding efforts to minimize adverse outcomes.

## TRACK 3: QUALITY & REGULATORY

### ACDIS Advisory Board Panel Discussion: Ideas Lightning Round

Join members of the ACDIS Advisory Board as they share a variety of quick-hit ideas in an entertaining "lightning round" panel session. Board members have eight minutes each to share a successful wrinkle in their CDI department, including mortality reviews, clinical validation processes, training residents in documentation, and more.

## TRACK 4: EXPANSION & INNOVATION

### Hospice and Palliative Medicine: Specialties Characterized by Risk and Severity

*Beth Wolf, MD, CPC, CCDS*

#### ADVANCED

Palliative medicine patients have an increased risk of mortality, and the documentation needs to reflect that risk. Participants will learn documentation needs related to acute care, hospice medical necessity, and professional services billing.

## TRACK 5: OUTPATIENT

### Evaluation & Management 101 for Clinicians

*Kerin Draak, MSN, WHNP-BC, CPC, CEMC, COBGC, CPC-I*

#### BASIC

The complexity of coding and payer guidelines and limited training in CPT coding likely accounts for the high error rate in physician evaluation and management (E/M) coding. Participants will be able to identify potential gap areas in E/M and apply CPT coding principles to medical record documentation and query opportunities.

## TRACK 6: PEDIATRIC

### The ABCs of Understanding the AHRQ Pediatric Quality Indicators

*Karen Bridgeman, MSN, RN, CCDS*

#### ADVANCED

Most quality of care and risk adjustment CDI efforts focus on adults and are not easily applied to the pediatric population. This session examines the challenges in the development of pediatric quality measures relating to the AHRQ Pediatric Quality Indicators (PDIs) and provides an understanding of pediatric risk adjustment models.

12:30 P.M.—1:45 P.M.

### Lunch

*Exhibit Hall*

1:45 P.M.—2:45 P.M.

### Breakout Sessions (choose 1 of 6)

## TRACK 1: CLINICAL & CODING

### Making Sense and Demystifying the Relationships Within the Grouper

*Debbie Mackaman, RHIA, CPCO, CCDS, & Shannon E. McCall, RHIA, CCS, CCS-P, CPC, CPC-I, CEMC, CRC, CCDS*

#### BASIC

Understand the moving parts that create the background logic of how diagnoses and procedures interact with one another while uncovering hidden opportunities for revenue accuracy and enhancement in this interactive session. Those new to the profession will understand how information is categorized into the correct DRG and the effect it can have on the revenue integrity of an IPPS hospital.

## TRACK 2: MANAGEMENT & LEADERSHIP

### Auditing Your Staff for Performance Improvement: Tips to Manage Underperformers

*Rachel Layne Mack, RN, MSN, CCDS, CDIP, & Kari Thie, RN, BSN, CCDI*

#### INTERMEDIATE

Two CDI staff with comparable years of experience nevertheless have very different performance levels—what's the difference? SCL Health hired a CDI auditor in 2016 to help find out. This session explores the role and responsibilities of the CDI auditor to help leadership design CDI education, manage poor performers, and continue to grow CDI effectiveness.

## TRACK 3: QUALITY & REGULATORY

### Secondary Effects of APR-DRG Assignments

*Candace E. Blankenship, CCDS*

**INTERMEDIATE**

Using the framework of risk of mortality scoring, this session will review aspects of the APR-DRG coding system, effective use of the 3M™ APR-DRG encoder, and APR-DRG tips and strategies for primary and secondary diagnoses.

## TRACK 4: EXPANSION & INNOVATION

### Clinical Validity: Assessing Clinical Indicators, Composing Nonthreatening Queries, and Avoiding Denials

*Erica E. Remer, MD, CCDS, & Kelly Skorepa, BSN, RN, CDIS*

**INTERMEDIATE**

CDI professionals must anticipate which diagnoses are prone to clinical validation concerns and understand the clinical indicators and criteria to be able to assess clinical validity. The session provides a discussion of how to appeal clinical validation denials, and how to give providers formative feedback.

## TRACK 5: OUTPATIENT

### Calling Rampart: CDI and Your ED Physician

*Howard Rodenberg, MD, MPH, CCDS*

**INTERMEDIATE**

Do you remember the show “Emergency” or Dr. Wayne Fiscus in “St. Elsewhere” or Dr. Doug Ross in “ER?” During this session, participants will learn about the very different thought processes of local ED doctors and why they’re resistant to traditional CDI efforts. With this knowledge in hand, attendees will explore ways to develop and implement a focused, goal-directed, impactful CDI program within the fast-paced world of the ED.

## TRACK 6: PEDIATRIC

### Growing the Physician Advisor Role: A Tale of Four Pediatric Physician Advisors

*Daxa Clarke, MD; Lucinda Lo, MD; Amy Sanderson, MD; & Sheilah Snyder, MD*

**INTERMEDIATE**

In this panel discussion, participants will learn how four pediatric physician advisors—from large to small freestanding children’s hospitals—make an impact on CDI through their EHR, billing, education, and quality improvement projects. Presenters provide additional tools to engage their physician learners and identify synergistic roles for your physician advisor to optimize your pediatric case-mix index, severity, and mortality measures.

2:45 P.M.—3:30 P.M.

### Networking break

*Exhibit Hall*

3:30 P.M.—4:30 P.M.

### Breakout Sessions (choose 1 of 6)

## TRACK 1: CLINICAL & CODING

### Taking the Mystery Out of Encephalopathy

*Dawn R. Valdez, RN, LNC, CDIP*

**BASIC**

Experienced or new CDI specialists will benefit from this review of the clinical and coding definitions related to encephalopathy and other altered mental status disorders. The presentation features a discussion of dementia as well as the four common types of encephalopathy—toxic, metabolic, hepatic, and septic—along with the pathophysiology of each type.



## TRACK 2: MANAGEMENT & LEADERSHIP

### Time to Level-Up Your Data: Welcome to CDI Analytics 2.0

Amy Czahor, RHIT, CDIP, CCS

#### INTERMEDIATE

Very few CDI professionals were trained to be data scientists. During this session, attendees will learn how to leverage statistical process controls to identify trends and obtain practical guidance to begin analytics 2.0 projects using Lean management techniques and John Shook's *Managing to Learn: Using the A3 Management Process*.

## TRACK 3: QUALITY & REGULATORY

### It's All in the Claims Data! Observed to Expected Ratio & Risk-Adjusted Rates Explained

Faisal Hussain, MD, CCDS, CDIP, CCS, & Beth Ming, BSN, RN, CCDS

#### INTERMEDIATE

CDI can influence the observed to expected (O/E) mortality and risk-adjusted data through second-level reviews. These help maximize the patient's severity of illness and risk of mortality before the bill is dropped. Attendees will gain insight from the experiences of two academics and be able to adapt a related survey instrument to assess clinician engagement in their CDI program.

## TRACK 4: EXPANSION & INNOVATION

### CDI for Acute Inpatient Rehabilitation Facilities

Anthony O. Nkwuaku, RN, PHN, MSN, CPHQ, CCDS

#### BASIC

Inpatient rehabilitation facilities use a totally different payment system. Nevertheless, there are lots of opportunities for CDI programs here. During the presentation, attendees will learn about the IRF-PAI requirement, 60% rule, impairment group categories (IGC), rehab impairment categories (RIC), and the differences from MS-DRGs and MDCs.

## TRACK 5: OUTPATIENT

### Understanding MIPS and the Shared Savings and Losses Programs

Yvonne Whitley, RN, BSN, CPC, CRC, CDEO

#### INTERMEDIATE

MACRA is the law, and MIPS and APMs are how this law will be carried out. This presentation provides overview of these programs and defines the effect of CDI efforts on achieving available incentives as well as maximizing shared savings.

## TRACK 6: PEDIATRIC

### Kids, Kidney Injury, and Malnutrition

Valerie A. Bica, BSN, RN, & Michelle Limo, RN, MSN, MSMIT, CCDS, CCS

#### BASIC

Attendees will obtain an in-depth look at kidney injury and malnutrition clinical indicators and coding requirements to clarify the documentation differences needed for diagnoses within the pediatric versus adult populations. The information provided could help attendees implement early recognition strategies and tools for query effectiveness.

4:45 P.M.

5:00 P.M.–6:30 P.M.

Adjourn

### Closing Night Awards Reception\* (Optional)

For \$25 additional, enjoy appetizers and drinks in an indoor/outdoor venue where we continue to celebrate the ACDIS Achievement Awards winners.

**\*Requires separate registration**



## Day 3—Thursday, May 24

7:00 A.M.—8:00 A.M.

**Continental breakfast**  
*Exhibit Hall*

8:00 A.M.—9:00 A.M.

**General Session**  
**The Survival Guide to Being Human—  
And the Art of Happiness**  
*Allison Massari*



9:15 A.M.—10:15 A.M.

**Breakout Sessions (choose 1 of 6)**

### TRACK 1: CLINICAL & CODING

#### **A Matter of Principal (Diagnosis)**

*Sandra Routhier, RHIA, CCS, CDIP*

**INTERMEDIATE**

Principal diagnosis selection is one of the most crucial decisions that coding and CDI professionals must make. Even with advanced skills and years of experience, some cases still present challenges. This presentation will cover key concepts that govern principal diagnosis selection and problematic scenarios.

### TRACK 2: MANAGEMENT & LEADERSHIP

#### **How to Engage and Motivate Your CDI Staff**

*Mark N. Dominesey, RN, BSN, MBA, CCDS, CDIP, CHTS-CP*

**INTERMEDIATE**

Many CDI managers are challenged with finding opportunities to engage seasoned CDI staff who have “hit a wall” with their day-to-day work. Participants will explore various role specializations, gain insight into developing roles specific to their institutions, and obtain a career ladder “shelf-ready” for implementation.

### TRACK 3: QUALITY & REGULATORY

#### **Mortality Risk Adjustment and HCCs: Is This the New ‘Sweet Spot’ for Physician Buy-In?**

*Kyra W. Brown, RHIA, CCS, CCDS*

**INTERMEDIATE**

CDI staff are always looking for the “what’s in it for me” factor to engage physicians. Understanding CMS 30-Day Risk-Standardized Mortality Measures, the factors involved in the star rating assignment, and the link to HCCs could be the new “sweet spot” for physician buy-in.

***“I was a first-timer and absolutely loved it! I learned so much and it was so interesting. I loved meeting so many people who are into the same career/interests.”***

Jennifer Wood, RN, CDI  
*Community Hospital Anderson*  
Anderson, IN  
2017 attendee

## TRACK 4: EXPANSION & INNOVATION

### Inpatient Psychiatric Hospital: Quality Care and Reimbursement Potential

Linda Jackson, RHIT

#### BASIC

This presentation details the journey of a behavioral health hospital's quest to embrace CDI when there was no precedent to do so. Behavioral health hospitals need to employ CDI tenets and practices to support great quality of care, accurate coding, and documentation that supports the level of care, resources, and behavior trends.

## TRACK 5: OUTPATIENT

### We Started an Outpatient CDI Program, Now What Do We Do?

Sara Atwater, MD, MPH, & David Reece, BSN, RN, CCDS

#### INTERMEDIATE

Outpatient CDI has blurred definitions, few established guidelines/metrics, limited software, and a mostly "home-grown" group of relatives. This session provides insight from an established outpatient CDI program on incorporating an EMR as a software tool, identifying ROI and tracking impact, defining program metrics, and offering provider perspective on challenges faced by ambulatory providers.

## TRACK 6: PEDIATRIC

### A Primer for an OB/GYN Clinical Documentation Excellence Program

Sandra Surratt, BSN, RNC-OB, & Michelle Walters, MSN, RNC-OB

#### BASIC

This presentation includes detailed strategies for physician engagement and education to ensure accurate documentation of diagnoses and procedures as they affect quality measures and publicly reported data.

10:15 – 11:00 A.M.

Networking break

11:00 A.M.—12:00 P.M.

Breakout Sessions (choose 1 of 6)

## TRACK 1: CLINICAL & CODING

### Coding Clinic Update (Repeat Session)

James S. Kennedy, MD, CCS, CDIP, CCDS

#### INTERMEDIATE

See description above.

## TRACK 2: MANAGEMENT & LEADERSHIP

### 2 Departments, 1 Mission: How CDI and Coding Work in a Service Line Structure

Kimberly A. Seery, RHIT, CDIP, CCS, CHDA, CPC, CRC, & Karen Frosch, CCS, CCDS, CRC, CPHQ

#### BASIC

Walk away with tools and tips on how to best align your clinical, CDI, and coding areas within their organization. This session explores the positive benefits of daily interaction between CDI and coding, workflow systems, and innovative solutions to common concerns that plague the acute care setting such as delayed query response, missed queries, and delays in revenue cycle.

### TRACK 3: QUALITY & REGULATORY

#### Effectively Managing Sepsis Denials

Krysten Brooks, RN, BSN, MBA

##### INTERMEDIATE

How can CDI staff identify sepsis query opportunities when there is so much confusion? What policies and processes should your organization have in place to aggressively manage sepsis denials? This presentation will provide a comprehensive overview of sepsis core measures, describing a successful process for denials management focused on the ESCAPE methodology (Evaluate-Search-Coding-Assess-Physician-Escalation).

### TRACK 4: EXPANSION & INNOVATION

#### How to Mitigate and Manage Denials (Repeat Session)

Tammy Combs, RN, MSN, CDIP, CCS, CCDS, & Melanie Endicott, MBA/HCM, RHIA, CDIP, CHDA, CPHI, CCS, CCS-P, FAHIMA

##### INTERMEDIATE

See description above.

### TRACK 5: OUTPATIENT

#### The Impact of Inpatient CDI on Risk Adjustment Factors

Jon Elion, MD, FACC

##### INTERMEDIATE

Based on review of the current literature, attendees will learn about a unique study based on actual data and risk adjustment factor (RAF) aggregated from a large number of institutions. To “bring the data to life,” participants will explore a scatter-plot illustration of baseline RAF versus final RAF.

### TRACK 6: PEDIATRIC

#### CDI Life Without CAC: Are You Getting the Most Out of Your Electronic Health Record and Resources?

Stephanie Hill-Sandoval, RN, & Lucinda Lo, MD

##### INTERMEDIATE

While 100% concurrent review might be touted as the gold standard, there are usually more charts to review than time and resources. Speakers will share three methods to prioritize CDI workflow and share case examples demonstrating CDI metrics both before and after the implementation of these methods.

12:00 P.M.

Adjourn

*\*Agenda and speakers subject to change.*

***“I look at the conference as a ‘professional recharge.’ We immerse ourselves in an environment of smart, driven, and talented professionals who all share a passion for CDI—your batteries recharge and send you home with an increased pride in what you do and a new drive to grow and improve to perform better and more effectively.”***



Laurie Prescott  
CDI Education  
Director, ACDIS



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Book your hotel room by **April 20, 2018** and get *special rates* starting at **\$169** (tax not included, rate varies by hotel).

### San Antonio Marriott Riverwalk Hotel

889 E Market Street, San Antonio, TX 78205  
Reservation center: 800-648-4462

- Room rate \$219/night
- Hotel cut-off date is Friday, April 27, 2018

### San Antonio Marriott Rivercenter

101 Bowie Street, San Antonio, TX 78205  
Reservation center: 800-648-4462

- Room rate \$219/night
- Hotel cut-off date is Friday, April 27, 2018

### Hyatt Regency San Antonio Riverwalk

123 Losoya Street, San Antonio, TX 78205  
Reservation center: 888-421-1442

- Room rate \$219/night
- Hotel cut-off date is Friday, April 20, 2018

### La Quinta Inn & Suites

San Antonio Riverwalk  
303 Blum Street, San Antonio, TX 78205  
Reservation center: 866-527-1498

- Room rate \$159/night
- Hotel cut-off date is Friday, April 20, 2018

### Hilton Palacio Del Rio

200 South Alamo Street, San Antonio, TX 78205

Reservation center: 800-445-8667

- Room rate \$199/night
- Hotel cut-off date is Friday, April 20, 2018

*If calling to make your reservation, please mention “ACDIS” to receive the discounted rate.*

*For online reservations, go to [hcmarketplace.com/acdis-conference](http://hcmarketplace.com/acdis-conference) and click on the hotel tab.*

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