VIRTUAL EDUCATION

CURTAIN CALL

Behind the Scenes of Star-Studded CDI Programs

Recap Report

Sponsored by:
More than 1,700 attendees participated in September’s Curtain Call: Behind the Scenes of Star-Studded CDI Programs online event—97% of whom called it important or very important to their professional development. It was three days full of networking, education, and online connection so vital in these trying times. Of course, the COVID-19 pandemic has changed the way we interact with each other. When ACDIS first made the decision to postpone, and then cancel, in-person events, ACDIS knew it needed to continue to serve CDI specialists, those who not only want to remain connected to their professional community but who wanted, and needed, to tap into the knowledge of their peers in order to meet the challenges that COVID, and a changing healthcare landscape, presents.

And while ACDIS itself turned 13 this September, thanks to a half-dozen sponsors, our Curtain Call event allowed us to extend the 10th anniversary of CDI Week. CDI Week is a week of national recognition for those working in the field, an opportunity to share why CDI represents a vital component of the healthcare revenue and care continuum, so Curtain Call kicked off with a recap. This year’s CDI Week theme was “CDI Cinema: Coming to an Organization Near You”—a throwback to Hollywood’s heyday and modern movie marvels. CDI Week typically takes place the third week in September, so the Curtain Call coming a week later was a perfect way to honor the hands-on work and experiences of those working in the role.

The second session of the day, “Onboarding and Orienting CDI: A Panel Discussion,” featured Mary Elizabeth (M.E.) VanGelder, RN, BSN, MREd, CCDS, RHIT, a network CDI educator at HonorHealth and Arizona ACDIS Chapter leader who was joined by her HonorHealth colleague CDI Network Manager Lee Anne Landon, BSN, CCMC, CCDS. VanGelder and Landon shared how they standardized their orientation process and turned the program over to Tampa, Florida’s AdventHealth Division Director Robin Jones, RN, BSN, MHA/Ed, CCDS, and her colleague CDI Educator Kelly Sutton, RN, CCDS, SCRN, who shared lessons learned from onboarding a team of 11 new employees. This program was particularly unique in that it spanned roughly 90 minutes of live presentation allowing the panelists to engage with each other and the audience in real time. Questions they fielded included how to:

- identify/defend the need for a CDI educator
- handle the challenges of onboarding staff in a virtual environment
- meet the needs of onboarding multiple staff members’ varying educational needs at one time
- Address educators burn out

“Love the passion for CDI from all the speakers.”
Landon and VanGelder also discussed the pros and cons of vendor-developed onboarding efforts versus homegrown orientation. Ultimately, the decision needs to be made based on the program’s capabilities and priorities, they said, taking into account the organization’s mission, vision, and values, as well as overall costs of various options for the CDI team and long-term expenses against potential return on investment in terms of staffing and outsourcing.

Jones and Sutton shared interesting data from their team’s onboarding story—including the effect of the pandemic on their training. They streamlined orientation efforts into a 12-week process including didactic training, weekly one-on-one meetings with a preceptor and team leader. Sutton also used a four-question evaluation tool where she asked:

- What was one thing that went well this week?
- What’s one thing that could have been improved?
- What’s one thing learned this week?
- What’s one thing you need right now to help you be successful in your new role?

The team then leveraged the responses to the questions not only to help the new staff member with their processes but also to help improve the onboarding experience for everyone.

“ACDIS did an amazing job with this virtual conference. I was very impressed. The presenters were fabulous and very knowledgeable.

The next session came from Madhu Subherwal, MHA, MBBS, CCDS, CDI manager at Torrance (California) Memorial Medical Center about exploring CDI opportunities in the skilled nursing facility setting in light of implementation of the Patient-Driven Payment Model (PDPM). This has really been an area of potential expansion for CDI professionals and her presentation not only explored the payment definitions but also illustrates practical expectations that others can use to create a pilot project to explore opportunities within other SNF centers. What she and her team found once they began their explorations was that not only was ICD-10-CM education needed but also that dedicating a single CDI professional to exploring medical record documentation at the SNF produced tremendous benefits across the organization in terms of meeting the PDPM requirements but also for the overall health of the system’s patients. Although the program needed to be put on temporary hold due to the

97% said the event was important or very important to their professional development

1,700+ attendees

NINETY FIVE PERCENT said the ease of material comprehension was excellent or very good

82% said they learned a great deal

✔️ 95% said their overall satisfaction was excellent or very good

acdis.org 3
pandemic, Subherwal explained that they saw enough of a positive return on investment that the CDI program does plan to pick the project back up again.

The final session of the first day came from ACDIS’ own CDI Lead Boot Camp Instructor Laurie Prescott, RN, MSN, CCDS, CCDS-O, CDIP, CRC, who presented “Inherently Related to… the Confusing Language of Surgical Misadventures.” Audience members were treated (?) to Prescott singing the title to the tune of Olivia Newton John’s rendition of “Hopelessly Devoted to You,” from Grease. During her session, she broke down the documentation requirements related to surgical complications and offer us some take-home examples of physician education and query opportunities.

“We were unable to hold our in-person conferences and quarterly meetings here locally [due to COVID] so [this event really] gave me a chance to be a part of the CDI community in a creative way.”

Confusing Language of Surgical Misadventures.” Audience members were treated (?) to Prescott singing the title to the tune of Olivia Newton John’s rendition of “Hopelessly Devoted to You,” from Grease. During her session, she broke down the documentation requirements related to surgical complications and offer us some take-home examples of physician education and query opportunities.

“These record reviews are a challenge,” Prescott said because CDI professionals need to know “how to speak to the provider.” Complication rates affect quality of care measures, publicly reported data, and the surgeon’s reputation—and no physician or surgeon wants to feel like they haven’t done the best job possible for their patient. Furthermore, patient safety indicator (PSI) 90 measures and hospital acquired conditions both include a number of surgical complications and are a focus for many CDI programs.

“The goal of CDI record review related to surgical complications is not to avoid coding such complications but to ensure that when such complications are coded, that code assignment is true to the encounter—meaning own the complication when you should but don’t own it when you shouldn’t. We want to capture the accurate story,” she said.

Attendees loved it. “This is so helpful for me. This year we’ve had new training and I’ve had to work on my queries to either relate situations to a complication or something else. The PowerPoint was perfect and so very helpful,” said one attendee. Another simply said “Laurie Prescott was ‘da bomb....absolutely loved her presentation and topic.”

The second day of Curtain Call included a panel discussion with ACDIS Director Brian Murphy and members of the brand new ACDIS Diversity and Inclusion Task Force. During the session, panelist offered insight into the current state of rallies in support of equality and inclusion. They shared their perspectives on challenges those of diverse backgrounds frequently face in not only breaking into the healthcare field but in making career advancements—even in the CDI role. Murphy also outlined the group’s priorities in addressing the needs of diversity within the CDI profession broadly and within the national association. “I thought the diversity and inclusion session was fabulous with an awesome panel,” wrote one attendee.

As the Curtain Call event title suggested these sessions all aimed to turn the proverbial spotlight on CDI programs practicing innovative approaches to tackling traditional CDI trouble spots. The next presentation “Avera Shares Inventive Approaches to CDI Education,” featured Stacy Reck, MBA, RHIA, CDIP, director of CDI and utilization review (UR) and Avera’s system-wide physician advisor Clarissa Barnes, MD. The duo re-enacted several solutions to something many CDI professionals struggle with—how to provide effective physician education if CDI staff can’t be with their providers in person.

Barnes and Reck were working on this problem long before COVID hit. That’s because they help CDI professionals across Avera’s five state region covering more than 70,000 square miles. While one of the extremely innovative ideas leveraged an online animated video component to spread core CDI information, the team also leveraged the tool to build a broad-based response to
improve malnutrition documentation. One of the most interesting aspects of their effort was its comprehensive nature. They identified the problem by interrogating their system’s data and they gathered research and cross-discipline support for new documentation guidelines, and then built their educational outreach around their research. Even after rolling out their video, education, and query efforts, the team continued to monitor data and provide ever more in-depth information on an as-needed basis.

Next came Alvin Gore, MD, UR director at St. Joseph Health, Northern California region, and his colleague Holly Kalua, BSHA, BSN, RN, CRCR, Providence St. Joseph Health’s CDI director who presented “CDI and the Physician Advisor 2.0: Beyond Queries.” During their session, the two explored the rationale for developing physician advisor program for CDI as well as the benefits of physician advisor collaboration across various other disciplines such as UR, case management, and quality. Throughout the session, Gore and Kalua offered detailed data from their own program to illustrate how other CDI professionals might address these various issues within their own facilities including the development and incorporation of query escalation policies into medical staff bylaws.

“I enjoyed the mixture of live and recorded events. I enjoyed the variety of topics.”

The final session of the second day of educational events once again featured a panel discussion with ACDIS Director Brian Murphy who explored how CDI programs need to be ever vigilant in making the case for their CDI team to healthcare administrators particularly during troubled financial times such as the pandemic has wrought. Maintaining open lines of communication with healthcare chief executives, particularly communication supported by invaluable data regarding the CDI return on investment, can help ensure that the team’s efforts aren’t scuttled when times get tough. Additionally, the panel opined that those programs who not only shore-up their core mission and value but actively seek to engage with other departments and administrators may find new way to demonstrate CDI value and be able to shift gears to meet those needs when hospital census numbers slow.

The third day kicked off with a conversation with the 2020/2021 ACDIS Events Committee, featuring Sandra Love, RN, BSN, CCDS, CCDS-O, CPC, Karen Elmore, RN, BSN, CCDS, and ME VanGelder, RN, BSN, MREd, CCDS, RHIT. During this opening session, committee members provided insight into how they curate presentation applications and set the agenda for ACDIS’ various events. They also discussed the challenges facing the not only this vital volunteer ACDIS committee in light of COVID-19 and the ongoing pandemic—but how their own teams manage to stay engaged with education and networking despite personal and professional challenges brought on by the pandemic.

One of the highlights of the three-days according to a number of the attendees was Ashley Telisky, MD, physician advisor for Albany (New York)
Medical Center’s CDI program, who presented “Data Dives for Physician Education, Engagement, and Enlightenment.”

During her session, Telisky offered both a personal perspective of physician advisor working her way through medical school, and incrementally learning about the vital importance of medical record documentation as she achieved her healthcare business degree and took on additional responsibilities within her healthcare organization. Through her presentation she also shared the importance of data selection—of choosing the right data elements at the right time for the right use. For example, tracking which physicians struggle to respond to respiratory failure queries and providing in-time education and queries to help bring that provider insight about the importance of their documentation for patient care.

“I could have listened to Dr Telisky for two hours,” one attendee wrote. “She should be a speaker at future events.”!

Next up was Kaitlin Loos, RN, CDI auditor at Legacy Health in Portland, Oregon and her colleague Molly Siebert, CCDS, RHIA, who presented “Standardizing CDI Practices and Query Efforts at Legacy Health.” The team shared how they leveraged ACDIS’ best practice White Papers to help them re-assess how their CDI team kept track of query efforts. They standardized their query practices and then conducted ongoing reviews to address any opportunities for improvement which led to both improved query practice and physician engagement and response.

The final session of the event came from Candace Blankenship, RN, CCDS, CDI specialist at Mayo Clinic in Jacksonville, Florida, and Howard Rodenberg, MD, MPH, CCDS, a physician advisor for CDI at Baptist Health also located in Jacksonville, and both members of the ACDIS Regulatory Committee. The Regulatory Committee keeps an eye on all things related to emerging news within the coding, documentation, and clinical areas related to CDI efforts. They gather opinions from the CDI community at large, conduct research, and delve into regulatory releases from CMS and other government agencies. During their session, “Setting the Regulatory Stage: Leveraging CDI Efforts in Systemic Change,” they pulled back the curtain on how ICD-10-CM/PCS codes are made, shared insight into what CDI professionals need to know about this year’s Inpatient Prospective Payment System update, and provided an insider’s look at how anyone working in the field can make their voice heard to affect change.

“The last presentation was my favorite,” wrote one attendee. “It was so informative and entertaining! Who’d have thought they could make regulatory information interesting.”