

## ACDIS Advisory Board 2018 nominees—preview

Following are the finalists for the ACDIS advisory board, for three year terms of service starting April 2018 through April 2021. Two nursing candidates, one HIM/coding candidate, and one physician will be selected from the below group via popular vote of the ACDIS membership.

This is a preview of the upcoming election. ACDIS members will have access to a tool on [www.acdis.org](http://www.acdis.org) with which to cast their vote.

Carefully read each candidates' background/qualifications in CDI, and the reasons they are interested in serving on the board, then select the four candidates (2 of 6 nursing, 1 of 1 HIM/coding, and 1 of 3 physician) you believe are the best fit for the association. And watch for announcements on the opening of the vote.

### **Group 1: Nursing candidates (Select 2 of 6)**



#### **Candidate 1**

**Karen Bridgeman, MSN, RN, CCDS**

CDI Educator

Medical University of South Carolina

Charleston, South Carolina

### **Background / Qualifications in CDI and/or ACDIS**

Bridgeman has over twenty years' experience in nursing, including medical-surgical, pediatric, and nursing education. She has been a CDI specialist since in 2007 at the Medical University of South Carolina. In 2012, she developed and implemented their successful pediatric CDI program. She gives numerous CDI presentations to their pediatric service lines to assist them on their clinical documentation. As a result of this collaboration, the pediatric service line has increased their case mix index, revenue, mortality index and length of stay index. She continues to work closely with the pediatric service line.

Bridgeman developed and implemented an annual session for the MUSC College of Medicine's Internship 101 course. This Internship 101 course helps prepare the incoming residents on the importance of clinical documentation on quality, as well as revenue, with examples of good documentation, along with common documentation pitfalls. Bridgeman developed HCPro's *CDI Essential Skills* online learning library. She has been a frequent contributor on pediatric subject matter to the CDI Journal, as well as to the ACDIS forums. She has served on the 2015 ACDIS Conference Committee. She is the SC ACDIS Chapter Secretary and serves on the CCDS Exam Board. In addition, she has been a frequent presenter at the Annual ACDIS Conferences.

### **Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

I would like to be the voice for the pediatric clinical documentation improvement specialists to promote, improve, educate and support pediatric CDI specialists and programs. I strive to maintain best practice, along with the adhering to the ACDIS Code of Ethics in my daily role as a CDI specialist. I would like the opportunity to give back to the profession. I am passionate about CDI, the work that we do, and contribution to the improvement in the quality of healthcare. While I work primarily in the pediatric setting, I keep current in all areas involving clinical documentation improvement.

One idea to improve ACDIS and the CDI profession that I would like to see implemented is the development of a Pediatric Clinical Documentation Improvement Specialist Certification Exam. This would highlight the mastery of the specific knowledge and skills needed to demonstrate proficiency as pediatric CDI.



**Candidate 2**

**Susan Fantin, MSA, BSN, RN, CCDS, CDIP**

Corporate Director Clinical Documentation

McLaren Health Care

Grand Blanc, Michigan

**Background / Qualifications in CDI and/or ACDIS**

Susan Fantin currently serves as the corporate director of CDI for McLaren Health Care, leading system-wide CDI projects in clinical validation, standardization, dashboard metric/outcomes, policy/procedure, orientation, quality monitoring, and physician engagement/education. A nurse with more than 27 years' experience, Fantin has experience in a variety of clinical areas, including acute care nursing, case management/utilization review, patient throughput, and clinical house supervision. Her CDI experience spans over 12 years and includes leading clinical documentation programs in academic, rural and multi-hospital system environments. Susan is a CDI subject matter expert and has extensive experience in quality initiatives involving patient safety indicators, hospital acquired conditions, and mortality reviews as well as data analysis, auditing and reporting. As senior CDI director at The Advisory Board Company, Susan consulted with medical centers providing physician education, CDI training and developed a library of best practice materials for ICD-10 physician specialty education.

Fantin received her Bachelor of Science in Nursing from Madonna University (1991) and Master of Science in Healthcare Administration from Central Michigan University (2007). An ACDIS member since 2008, Susan obtained her CCDS certification in 2011 and AHIMA CDIP certification in 2012. Susan currently chairs the Michigan ACDIS Chapter and is actively engaged in presentations at local and state levels.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

As a member of the ACDIS Advisory Board I would continue to expand on the recognition of the CDI profession. The Advisory Board members have done an outstanding job promoting our profession; I would like to continue their wonderful work through support of our local chapters. As a current chair of the Michigan ACDIS Chapter, I have had first-hand experience on how becoming involved with other CDI professionals can expand far beyond the knowledge sharing – colleagues, friendships, CDI expertise and volunteer work! A key avenue to promoting both ACDIS and local chapters is through social media,

quarterly webinars, and annual state/national conferences. Growing and valuing our profession is a true passion for me personally and professionally. We have a wonderful group of untapped CDI professionals we can encourage to become involved, from first-time local chapter meeting attendance to becoming a speaker at state and national levels. It would be my objective to continue this passion to leverage our CDI professionals at our local chapters. We have come so far in the twelve years I have been involved in the CDI profession from reimbursement to quality! It would be an honor to serve on the ACDIS Advisory Board.



**Candidate 3**

**Deb Jones, RN, BSN, RN, CCDS**

Director of Clinical Documentation

Brigham and Women's Hospital

Boston, Massachusetts

**Background / Qualifications in CDI and/or ACDIS**

Jones serves as the Director of Clinical Documentation Improvement at Brigham and Women's Hospital, a large academic medical center affiliated with Harvard Medical School in Boston, Massachusetts. Deb has been a Registered Nurse for more than 25 years. She has worked in Care Management, Utilization Review and CDI. Deb has worked in the CDI Department at Brigham and Women's for over three years and became Department Director in October of 2017. She received her Bachelor of Science in Nursing from Capella University and is currently completing her Master's Degree in Nursing Leadership. Reporting to the Department of Quality and Safety, the CDI Team collaborates with Quality Professionals, Clinical Teams, HIM and Coding to ensure the accuracy and integrity of the medical record.

To promote physician engagement, Jones led a project at BWH to improve the physician query process. As a result of physician feedback, a shared note query process was created in the EMR. The shared note query allows the provider to easily select responses from a drop-down box and sign the query which then becomes a part of the permanent medical record. The result has been an increase in Provider response rates to greater than 95% in 2017.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

I am interested in serving on the ACDIS Advisory Board due to my passion for the work and my desire to see the field of CDI continue grow in a direction that supports quality of care, and aligns with the Nursing Code of Ethics. I believe that collaborative relationships between disciplines advance not only our professional goals but also our personal well-being. The relationship between CDI and coding professionals continues to be a barrier for most CDI departments that I encounter. Promoting a collaborative and symbiotic relationship between CDI and coding has been one of my first objectives as Director of the BWH CDI program. We have recently started having monthly coding and CDI education sessions, where both teams can share and debate topics in a professional and welcoming setting. These joint sessions have allowed the teams to begin to work toward a collective goal and have enhanced interdisciplinary communication. Building this effective working relationship would also be a priority objective as a member of the Advisory Board.



**Candidate 4**

**Fran Jurcak, MSN, RN, CCDS**

Vice President of Clinical Innovation  
Iodine Software  
Austin, TX

**Background / Qualifications in CDI and/or ACDIS**

Jurcak has been a nursing professional for over 30 years with over 12 years in the CDI profession and currently utilizes her clinical knowledge and expertise to create and implement healthcare technology that supports documentation integrity of the medical record. She has been an active member of ACDIS for the past 11 years. Jurcak served on the ACDIS Advisory Board from 2011-2014 and currently serves on the CCDS certification committee as well as the newly created outpatient CCDS (CCDS-O) certification committee. She is the author of the *CCDS Exam Study Guide* and received the 2017 ACDIS Professional Achievement Award. She has spoken at multiple ACDIS national and chapter conferences and the national AHIMA conference. Jurcak is passionate about the CDI profession and works daily with CDI professionals throughout the country.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

As CDI programs expand the scope of their role in areas outside of the “traditional” CDI program, it is increasingly important to arm CDI specialists and leaders of CDI programs with resources and support for optimal contribution to their organizations. The professional organization needs to assist in the identification and planning of this growth, providing not only educational opportunities but also creating guidelines for ethical practice across the entire scope of documentation integrity. Debate regarding differences in practice and workflow should be encouraged so that a best practice can be identified providing direction and support for programs. I would leverage my position to better define and communicate best practice for CDI in all areas of practice.

During my last tenure on the Advisory Board, we were able to publish the first joint ACDIS/AHIMA practice brief on query practice which resulted in some of the first sustainable guidance to the profession. I think the board has continued to publish some great papers, but I feel that this the time to develop more specific professional guidelines outlining best practices in this field. In my role, I work with hundreds of CDI specialists on a regular basis and I’d like to be able represent their thoughts, ideas and goals for the profession.



**Candidate 5**

**Jeff Morris, RN, BSN, CCDS**

Supervisor, Clinical Documentation Improvement  
University of South AL Health System  
Mobile, AL

**Background / Qualifications in CDI and/or ACDIS**

Morris is the supervisor of CDI at the University of South Alabama Health System in Mobile. Morris has 21 years of nursing experience in adult critical care, medical-surgical/telemetry, and emergency

department (ED). Currently, he leads the CDI programs at USA Children's and Women's Hospital and USA Medical Center. Morris was the first CDI specialist hired at USA Children's and Women's and now has 6 years of experience in CDI. He began the program at USA Children's and Women's Hospital from the ground up developing processes and policies. He is an active member of ACDIS and is a chapter leader of the Alabama ACDIS chapter. He presented on the topic of CDI in obstetrics and gynecology at the 2017 ACDIS Conference in Las Vegas and was a contributor to the 2017 book *Pediatric CDI: Building Blocks for Success*. He is scheduled to present on the topic of pediatric CDI programs at the 2018 ACDIS Conference in San Antonio. He is also a member of AHIMA and has presented at local and regional events. Morris attended the 2<sup>nd</sup> annual ACDIS Leadership Exchange in 2017 and is a member of the 2018 conference planning committee.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

I have a desire to serve on the ACDIS Advisory Board because I want to continue to be a part of the advancement of our great profession. I support CDIs with various professional backgrounds that make up our industry and believe our diverse experience is a strength to our profession. I would like to promote equity and unity in the profession and am proud to be part of an organization such as ACDIS that recognizes the need for it and supports it in our profession.

I have been so pleased to see a shift in the industry from a reimbursement focus to that of a quality focus. With this shift comes the need for communication strategies to "prove our worth" in this quality driven market. We will need to be able to speak to our influence on quality measures to the C-suite level administration. Tackling the shift from reimbursement to quality is a big undertaking, one that includes the need for new sets of metrics and goals. I have been successful in proving the value that my team adds to our organization and I believe I can assist with doing that for our profession at the national level.



**Candidate 6**  
**Susanne M. Warford, MBA-HCM, RN, CCDS**  
System CDI Analyst and Appeals Nurse  
Baptist Health  
Louisville, KY

**Background / Qualifications in CDI and/or ACDIS**

Warford found her true passion five years ago when she entered the CDI profession. As a regional manager for the program at Baptist Health, she created a vision to systemize and advance CDI across the healthcare system by strategically executing the program advancement plan across seven facilities to include the following:

- Standardized policies and procedures
- Developed and standardized CDI metrics, monitoring, reporting, and data distribution
- Institution of a Physician Advisor program
- Developed and chaired the Physician Advisor meetings
- Developed and co-chaired CDI/Coding taskforce meetings
- Instituted a secondary level review process CMS claims based measures (PSIs, HACs, mortality and readmissions cohorts)
- Facilitated and instructed CDI staff in preparation of the CCDS exam

- Developed educational resources on the query process, clinical validity and compliance for the CDI staff and physician advisor team
- Served as a system-wide resource for the documentation initiatives for all departments and physicians
- Recently transitioned into a new role for our program as the System CDI Analyst and Appeals nurse. She is responsible for streamlining workflow, writing and tracking all clinical denials, and educating the CDI staff, physician advisors and leadership on trends.

In addition to her organizational responsibilities, Warford is an active member/participant in the CDI industry. She currently serves as the President of the KY/Southern Indiana Chapter, participated in the 2016 CDI Leadership Exchange, and serves on the ACDIS CDI Practice Guidelines Committee and the 2018 ACDIS Conference Committee.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

Serving on the ACDIS Advisory Board will allow me to provide insight and guidance to the membership based on my experience in the industry and through thought leadership. I am very passionate about CDI and strive to achieve excellence in CDI by educating others through compliant practices and accurate clinical documentation that reflects the true complexity of each patient’s condition.

There is an opportunity in the industry to improve program leadership and operations to support the evolution of CDI across the continuum of care and ensure CDI program success and sustainability. Many programs experience challenges due to the lack of adequate hands-on management and the infrastructure/processes required to drive performance and improve outcomes. Additionally, I would like to see synergy between AHIMA and ACDIS. Collaborative efforts, messaging and education will help to improve CDI initiatives and the working relationship between coding and CDI and ultimately improving patient care.

**Group 2: HIM/coding candidates (select 1 of 1)**



**Irina Zusman, RHIA, CCS, CCDS, AHIMA-Approved ICD-10-CM/PCS Trainer**  
 Director of HIM Coding and CDI Initiatives  
 NYU Langone Health  
 New York, NY

**Background / Qualifications in CDI and/or ACDIS**

Zusman has over 25 years of HIM experience with past roles including both coding and CDI. She is passionate about uniting the expertise of coding and CDI and has demonstrated that when these two groups work in tandem the results are accurate coding and data capture. She is constantly striving to stay on the forefront of regulatory and compliance issues. Responding to the industry needs, she has designed and developed two new programs at NYU School of Professional Studies: The first, a diploma in coding, was developed in collaboration with the senior director of HIM at NYULMC; and the second, a CDI diploma program, in collaboration with NYULMC’s director of CDI.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

I am a great enthusiast of HIM and through my years of experience mentored many new professionals and helped them to develop their skills. As an HIM lead, I hope that my expertise will be helpful in further aligning two types of professionals that are essential for a successful CDI program—coders and clinicians.

Working for NYU Health System I am very focused the data quality and would like to concentrate my efforts on standardization of reporting. With the element of subjectivism that now exists in coding, we know that facilities report their data differently, and therefore, any organization that compares many hospitals (e.g., LeapFrog, Healthgrades, etc.) usually does not compare apples to apples. With help of other Advisory Board members I would like to initiate the development of national policies on reporting of different conditions like sepsis, anemia, and post-operative complications.

**Group 3: Physician candidates (select 1 of 3)**



**Candidate 1**  
**Adriane Martin, DO, FACOS, CCDS**  
Vice President  
Enjoin  
Eads, TN

**Background / Qualifications in CDI and/or ACDIS**

Martin has been a practicing general surgeon for 14 years in an academic setting as well as in private practice. In 2013 she became the physician advisor for National Park Medical Center. She worked in this capacity while also continuing her general surgery practice until 2016. In 2014, she expanded her role within the CDI realm by becoming part of Enjoin’s ICD-10 Physician Taskforce. Eventually, her role within Enjoin evolved into functioning as the surgical lead for the MS-DRG Assurance Program on a full-time basis. Martin earned her CCDS credentials in 2016. Currently, she serves as Vice President of Enjoin and continues to practice general surgery on a part time basis. As her involvement in CDI has progressed throughout the years from the narrower role of physician advisor to the much broader role of vice president, she has gained a multi-faceted perspective of the CDI industry. Additionally, she brings to the table 14 years of surgical experience coupled with in-depth PCS knowledge. She believes it is this perspective along with clinical and surgical expertise which makes her qualified to serve on the ACDIS Advisory Board.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

Whether it is by caring for an individual as their physician or by lending my knowledge and experience to an organization that helps ensure the continued care of many, at the end of the day, I am interested in helping people. I firmly believe that CDI is vital to ensuring the success of physicians and healthcare systems so that care can be delivered to those in need. ACDIS is a thought leader in this rapidly growing and evolving industry. I am interested in serving on the ACDIS Advisory Board so that I may contribute to and help shape this dynamic industry.

As current and future reimbursement continues to be tied to quality outcomes, there needs to be an industry focus on ensuring the CDI professional is well versed in risk adjustment and documentation as it pertains to quality. By providing education focused on quality outcomes and risk adjustment, as well as education surrounding processes to incorporate quality into inpatient and ambulatory CDI programs, ACDIS can once again position its members as leaders in the CDI industry.



**Candidate 2**

**Vaughn Matacale, MD, CCDS**

Director, Clinical Documentation Advisor Program

Vidant Health

Greenville, NC

**Background / Qualifications in CDI and/or ACDIS**

Matacale is a physician specializing in hospital medicine who began training and working in the physician advisor role in 2007. In 2013 he took a full time role as a physician advisor with a mission to develop the advisor role and grow a full time physician advisor team for the Vidant health system covering most of eastern North Carolina. Serving as the director of the advisor team, he has helped it grow to four physicians and a PA who conduct post-discharge pre-bill reviews and provide support and education for coding, CDI, and medical staff throughout the health system. Through proactive involvement and collaboration with CDI and coding, Matacale establishes regular representation and collaboration with the quality, informatics and IT, E&M auditing, audit and compliance, UR, and appeals departments, and the Vidant ACO. Matacale has more than 12 years' experience in UR reviews and continues to practice hospital medicine. He has had the privilege of speaking at four ACDIS conferences, as well as other national and regional conferences, and is proud to wear the CCDS credential.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

I became interested in documentation when I heard about my first hospital stay denial in 2005. Since that time, I've taken every opportunity to learn about documentation and coding, the rules that govern it, and how the system works from all viewpoints. After my conversion to a full time role in documentation, ACDIS has been the organization that has helped me to learn and deepen my knowledge about documentation improvement. It has allowed me to share my experiences, and gain from the experiences of others. I want to give back to the organization that has given so much to me. My view of CDI is that it is the hub of healthcare, and it continues to grow in its importance. I believe that we need to be knowledgeable in all areas of impact that our field has so that we can meet the growing need for our expertise. I will work toward educational programs and opportunities driving to a holistic understanding and approach, melding together the deep knowledge base of the ACDIS membership. While it is sometimes important to have expertise in one area, it's also important to be aware of all of the other areas that our work can impact. I will also dedicate my energy and time to advocate for integrity and compliance in the audit and appeals process, whether it is diagnosis specific, or on general guidelines and conventions.





**Candidate 3**

**Erica E. Remer, MD, FACEP, CCDS**

President and Founder

Erica Remer, MD, Inc.

Beachwood, OH

**Background / Qualifications in CDI and/or ACDIS**

Remer was an emergency physician for twenty-five years with expertise in documentation and the professional side of billing. In 2012 she became the CDI physician advisor for University Hospitals Health System, tasked with training 2700 providers in ICD-10. Additionally, she closed hundreds of CDI queries and appealed numerous DRG clinical validation and medical necessity denials. Her passion is education, and she relishes teaching providers, CDI specialists, and coders with engaging, case-based presentations. After transitioning to independent consulting in July 2016 to spread the CDI gospel, she authored multiple articles on CDI topics and declared war on copy and paste last month. Three times a year she is the course director of a medical documentation course through Case Western Reserve University for providers who have gotten in trouble with their medical boards. Remer is the co-host of a national podcast, Talk Ten Tuesdays, and has been a guest on ACDIS Radio. She has given live presentations on the national, regional and local level, including ACDIS 2017 and 2018, and enjoys doing deep dives into clinical topics in webinars. She serves as the American College of Physician Advisors CDI Education Subcommittee chair and was voted to the Board of Directors in October.

**Reason(s) why you are interested in serving on the Advisory Board, and one idea to improve ACDIS and/or the CDI profession**

ACDIS is the premier organization for clinical documentation integrity professionals and I would be honored to be able to more widely contribute to our CDI community. Although I feel like I have knowledge I could share with others, I believe there is so much for me to learn from interacting with everyone else on the Advisory Board.

My original idea, and one which I still believe is important, was to determine what role CDI could play in demonstrating medical necessity. However, two weeks ago I declared war on copy and paste, and I have come to believe this is the biggest threat to the integrity of documentation. I think we all need to focus our efforts on getting clinicians to realize how critical it is to create novel and cogent chart entries, and to proactively address the bane of the electronic medical record. I believe CDI specialists must be steadfast in the belief that copy and paste degrades the story and can help give clinicians alternatives and encouragement. ACDIS has great resources, and if we are determined, we can eliminate this insidious behavior.