10th Annual ACDIS 2017 Conference
Register Before March 7, 2017, And Save $100!
May 9-12, 2017
MGM Grand, Las Vegas, Nevada

Tuesday, May 9, 2017
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 in exhibit hall

MAIN CONFERENCE
Wednesday, May 10, 2017

Agenda
Day 1—Wednesday, May 10, 2017

7:00 A.M.—8:00 A.M. Registration and continental breakfast
8:00 A.M.—8:30 A.M. Welcome remarks, ACDIS update, and 2017 ACDIS Achievement Awards
Brian Murphy, Director, ACDIS
8:30 A.M.—9:30 A.M. General Session
Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer, Region 9
San Francisco Regional Office
Centers for Medicare & Medicaid Services (CMS)
9:45 A.M.—10:45 A.M. Breakout Sessions (choose 1 of 5)
Track 1: Clinical and Coding
AHA Coding Clinic update
Nelly Leon Chisen, RHIA, Director of Coding and Classification
American Hospital Association
Track 2: Management and Leadership
Coming Out of the DARC: Improving CDI and Coding Alignment
Kelly Tarpey, RN, MS, CPHQ, Kathy Dorich, RN, CCDS, CPHQ, Susan Bittner, BS, RHIT, CCS
This session will describe through case study the journey and tools the CDI and coding professionals at 11-hospital system Advocate Healthcare adopted to bring closer alignment across the two teams. Examples, tools, and methodology will be shared.
Track 3: Outpatient and Risk Adjustment
How Data Analytics Can Drive Success in Risk Adjustment
Angela Carmichael, MBA, RHIA, CDIP, CCS, CCS-P
In this session, audience members will take away an understanding of how data analytics can help drive success with risk adjustment programs in inpatient and outpatient care settings. The speaker will present a road map for integrating an analytics platform into CDI to enable audience members to pinpoint target areas for improvement in risk adjustment.

**Track 4: Quality and Regulatory**

**How to Interpret Medicare's Hospital Pay-for-Performance Reports**  
*Richard Pinson, MD, FACP, CCS*

The session will explain the contribution CDI programs can make to improving hospital quality reporting by collaborating with the quality department and reviewing pay-for-performance (P4P) reports for improvement opportunities. Actual P4P reports will be demonstrated and explained followed by examples to be interpreted by audience participation.

**Track 5: CDI Expansion**

**Five Pillars for Building a Successful CDI Program in Emergency Services**  
*Amber Sterling, RN, BSN, CCDS*

CDI programs in emergency services carry a unique set of challenges for everyone involved: CDI specialists, case managers and physicians. These five strategies will position CDI directors to launch a successful documentation improvement initiative within their own emergency departments.

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 5)*  
**Track 1: Clinical and Coding**

**Ultimate Test for Queries**  
*Caesar Limjoco, MD; Kelli Estes, RN, CCDS*

Are you up at night wondering whether your queries will stand up to the spotlight of compliance and RAC/third party denials? This session provides insight into whether queries are leading or non-leading based on the “clinical truth.”

**Track 2: Management and Leadership**

**CDI Counts: Metrics for the CDI Professional**  
*Rani Stoddard, MBA, RN, CPHQ, RHIT, CCDS*

This session demonstrates how a midsized standalone hospital used a variety of tracking tips and techniques to parse CDI data and metrics to reveal useful trends and information. This includes CMI, unspecified code usage, PSIs, and SOI/ROM, as well as how to use this information to educate physicians and coders and compare it to internal and external benchmarks.
Track 3: Outpatient and Risk Adjustment
Ambulatory CDI: How We've Grown!
Yvonne Whitley, RN, BSN, CPC, CRC, CDEO
Ambulatory CDI is in its infancy, but Novant Health implemented a program three years ago and has made significant progress with providers' specificity with diagnoses and documentation. The audience will learn how Novant implemented and continues to expand and improve its ambulatory CDI program.

Track 4: Quality and Regulatory
Denials and CDI: A Recovery Auditor's Perspective
Barbara Brant, MPA, RN, CDIP, CCDS, CCS
Timothy J. Garrett, MD, MBA, FACEP, FACHE, CHCQM, CIC
Cotiviti Healthcare

Track 5: CDI Expansion
Beyond PSIs and HACs: Secondary Reviews to Advance Your CDI Program
Kristine Greene, RN, BSN; Charlotta Weaver, MD; Gopi Astik, MD
Modern CDI programs have built strategy to perform secondary reviews on HAC and PSI cases to decrease false positives and ensure accurate public reporting. Northwestern Memorial Hospital moved beyond HACs and PSIs and created secondary review holds to optimize CDI program outcomes and targeted areas of CDI-related risk and opportunity.

12:30 P.M.—1:45 P.M.               Lunch
                                 Exhibit Hall

1:45 P.M.—2:45 P.M.               Breakout Sessions (choose 1 of 5)
Track 1: Clinical and Coding
Sepsis: 1, 2, 3—RAC Attack! Respiratory Failure: Definition and Sequencing Guidelines
William Haik, MD, CDIP
This session includes the evolving definitions of sepsis and acute respiratory failure, including calculation of P/F ratio. It includes audience interaction as well as strategies for preventing adverse RAC determinations.

Track 2: Management and Leadership
Leveraging the EMR to Enhance CDI
Rishi Bakshi, DO, MS, BS
This presentation describes how a large academic medical center leveraged the EMR to enhance CDI. It describes how solutions can be built into provider documentation workflow in the EMR for primary capture of diagnoses, allowing for sustainable improvement and minimal re-training of providers.
Track 3: Outpatient and Risk Adjustment
Holy MACRA, Why Outpatient CDI is Critical Risk Based Reimbursement
Marion Kruse, RN, BSN, MBA
Wondering what MACRA, HCCs, and RAF are, and their relationship to outpatient documentation? Tired of hearing all the rhetoric and none of the solutions? This session describes how to leverage your current technology, data, and institutional knowledge to improve physician workflow and drive an effective and efficient OP CDI program.

Track 4: Quality and Regulatory
ACDIS Advisory Board panel: Past, Present and Future of CDI
Join this session with representatives of the ACDIS Advisory board as they offer an insider’s look at the CDI profession, including where it presently stands and how it must evolve. Membership survey results will be shared. It will also include a look at how ACDIS is helping to shape the profession through the development of best practices.

Track 5: CDI Expansion
Toddling into a playdate with pediatric outpatient CDI
Valerie Bica, BSN, RN; Lisa Adkins, MSN, RN, CPNP, CRCR
Are you a pediatric hospital faced with the uncertainty of ACO involvement and increased denials from payers for ‘non-specific codes’? Learn how Nemours/A.I. DuPont Hospital for Children in Wilmington, Delaware has identified a way to begin outpatient reviews with pediatric/NICU providers.

2:45 P.M.—3:45 P.M. Networking break
Exhibit Hall

2:45 P.M.—3:45 P.M. Breakout Sessions (choose 1 of 5)
Track 1: Clinical and Coding
Update in GI and Hepatology
Drew Siegel, MD, MS HIM, CCDS, CPC
This session provides an overview of GI and liver diseases frequently underdocumented, including inflammatory bowel disease, ulcerative colitis, Crohn’s disease, gastric and duodenal ulcers, acute pancreatitis, and more. Examples of queries and impact on accurate ICD-10 coding provided.

Track 2: Management and Leadership
From Soup to Nuts: Bringing Your Physician Advisor Program To Life
James Fee, MD, CCS, CCDS; Michael Teague, MD, SFHM, CCDS
This session features as case study of a successful development of a physician advisor program, which includes selecting the most appropriate individual, comprehensive education, and mentoring. Presenters share successes and challenges of true physician integration into CDI.
**Track 3: Outpatient and Risk Adjustment**

**The Post-Acute Care Setting: Integrating CDI into Multiple Outpatient Settings**

*Kathy DeVault, MSL, RHIA, CCS, CCS-P, FAHIMA; Beth Wolf, MD, CCDS, CPC*

This session will examine specific outpatient settings such as home health, hospice, outpatient infusion centers and clinics with employed providers, each with inter-related requirements for documentation, coding, and billing. Attendees will receive tools necessary to determine the best course of action for establishing outpatient CDI for multiple outpatient settings.

**Track 4: Quality and Regulatory**

**A breakdown of the AHIMA clinical validation brief**

*Tammy Combs, RN, MSN, CDIP, CCS, CDIP; Melanie Endicott, MBA/HCM, RHIA, CHDA, CDIP, CCS, CCS-P*

Clinical validation can be a challenging task for both CDI and coding professionals. The 2016 AHIMA practice brief “Clinical Validation: The Next Level of CDI” adds some clarity on this topic. This presentation walks attendees through this practice brief to answer questions and provide guidance.

**Track 5: CDI Expansion**

**CDI in Obstetrics and Gynecology: A Roadmap to Program Development and Success**

*Jeff Morris, RN, BSN, CCDS; Beverly Lambert, RN, BSN*

The presentation will show The University of South Alabama Children’s and Women’s Hospital’s roadmap to successful program development and maintenance. Attendees will learn key areas for assessment prior to program implementation, common diagnoses often overlooked or needing greater specificity in obstetrics and gynecology, the impact of diagnoses with greater specificity on MS and APR-DRG’s, and tips for provider education and engagement.

4:45 P.M.                           Adjourn

**Thursday May 11**

7:00 A.M.—8:00 A.M.                Continental breakfast
                           Exhibit Hall

8:00 A.M.—9:00 A.M.                Keynote Session
                           Healthcare, Remixed
                           Zubin Damania, MD

9:15 A.M.—10:15 A.M.               Breakout Sessions *(choose 1 of 5)*
                           Track 1: Clinical and Coding
Getting to the heart of accurately defining cardiac ischemic syndromes
Gary Huff, MD, CCS, CCDS, Christopher M. Huff, MD
This session is presented by two physicians including a board-certified cardiologist who completed a fellowship in advanced interventional cardiology at The Cleveland Clinic. The two will discuss CDI strategies to recognize and resolve communication gaps between physician terminology and ICD-10-CM as it pertains to acute myocardial infarction.

Track 2: Management and Leadership
Remote CDI: A panel discussion
Lara Faustino, RN, BSN, CCDS; Bernadine Darienzzo, RN, CCDS; Rebecca Willcutt, RN, BSN, CCS, CCDS; Kara Masucci, RN, MSN, CCDS
This session includes a panel discussion by CDI management and staff at Boston Medical Center and Cooper University Hospital. A 100% remote and a hybrid model will be discussed.

Track 3: Outpatient and Risk Adjustment
Ambulatory CDI: The New Horizon
Mary Alvarado, MD, Jennifer Conroy, BSN, RN, Emily Conley, CPC
This session is presented by Gundersen Health System’s CDI ambulatory physician leader, also a practicing OB/GYN staff physician with firsthand knowledge of the multitude of challenges facing a busy ambulatory medical and surgical provider. The focus of Gundersen’s program is on provider engagement and documentation of quality of care.

Track 4: Quality and Regulatory
Clinical Validation and Denials Management/Appeals: An ALJ’s Perspective
Alicia Kutzer, BS, Esq. LLM
Hear from an Administrative Law Judge (ALJ) and former QIC employee who was integral in developing training materials and presentations for proper adjudication of Medicare appeals, and defended claim denials at the reconsideration and ALJ levels of appeals.

Track 5: CDI Expansion
Out of the Sandbox: Congenital Anomalies and Syndrome
Karen Bridgeman, MSN, RN, CCDS
Understanding the facets related to coding and documentation of congenital anomalies, chromosomal malformations, and syndromes can be a challenge. This session will examine various congenital anomalies with a focus on documentation tips to assist the CDI specialist in appropriate ICD-10 code assignment.

10:15 A.M.—11:15 A.M. Networking break
Exhibit Hall
11:15 A.M.—12:15 P.M. Breakout Sessions (choose 1 of 5)
Track 1: Clinical and Coding
Clinical and Coding Conundrums
Michael D. Teague, MD, SFHM, CCDS
Hear from a physician in the provider setting as he presents case studies on the difficult coding/clinical intersections of conditions like functional quadriplegia, complex pneumonia, MI, and severe malnutrition.

Track 2: Management and Leadership
Auditing CDI Staff: Developing a CDI Quality Improvement Program at Cedars-Sinai Medical Center
Janie Gafford, RN, BSN, CCDS, CDIP; Susan Tiffany, RN, CCDS
This presentation discusses how the Cedars-Sinai Medical Center implemented a quality improvement (QI) program to enhance its CDI program. Processes and challenges as well as tools, timeframes, and sample sizes are discussed.

Track 3: Outpatient and Risk Adjustment
Risk Adjustment in the Inpatient Setting
Mark Dominesey, RN, BSN, CCDS, CDIP, CHTS-CP, MBAS
Physicians often struggle with determining which risk reduction methodology they should employ with their patient population. This session teaches how CDI professionals can assist hospitals and providers by focusing on applicable diagnoses to reduce hospital and physician exposure penalties associated with pay for performance reimbursement reform.

Track 4: Quality and Regulatory
Medicare Regulation Update: Practical Application for CDI Professionals
Ronald Hirsch, MD, FACP, CHCQM
While case management and utilization review staff are typically charged with implementing Medicare regulations, CDI professionals can play a key role in assuring their hospital’s regulatory compliance. This session includes regulations pertinent to CDI with practical application to the CDI professional.

Track 5: CDI Expansion
Little Kids: Big (Complicated) Hearts
Leah Savage, RN, MSN, CCDS
Congenital heart diseases (CHD) are complex. The procedures to treat CHD are even more complicated and ICD-10 added an even thicker layer of difficulty. This session is intended to give the learner a clearer understanding of CHD and the procedures performed to treat them.

12:15 P.M.—1:45 P.M. Lunch

1:45 P.M.—2:45 P.M. Breakout Sessions (choose 1 of 5)
Track 1: Clinical and Coding
Anatomy of a surgical note: A CSI Analysis of Operative Notes Gone Bad
Cheryl Manchenton, RN, BSN, CCDS, CPHM; Frances Frank, RN, MBA, MSN, HCM, CPHQ
Without HIM and CDI involvement in creating or reviewing surgical templates, key components of the procedure may not be captured or captured correctly. This session will be presented as a “murder scene” with examination of the “body,” CDI evidence collection, a mock trial with witnesses for the defense and prosecution; culminating in a final “verdict.”

Track 2: Management and Leadership
Cracking the Code for Clinical Documentation Excellence: Orienting CDI Specialists using the Criterion Referenced Instruction method
Natalie Esquibel, RN, CCDS
This session describes how to train CDSs and break down specific concepts to help them understand the big picture of CDI. It provides insight on how to measure the growth and success of a new CDS during the orientation period and how to address a lack of growth and success amongst your new staff.

Track 3: Physician Engagement
Establishing a Foundation for Clinical Documentation Curriculum Development for Physicians: What Surgical Residents Perceive as Barriers to Comprehensive Documentation
Bonnie Fahy, RN, MN, CNS, CCDS, Carol Jackson, RN, ND, CCDS, Victoria Aime’, MD
Learn how Mayo Clinic Hospital staff including CDI specialists and a surgical resident have broken down the perceived barriers that limit surgical residents’ abilities to document desired clinical specificity.

Track 4: Quality and Regulatory
The Barbarians at your Gates: Understanding how RACs work and how to defend against them
Trey LaCharite, MD, FACP, SFHM, CCDS
Got denials? This session will address the increasing volume of DRG-validation denials many facilities are currently experiencing. It will systematically review the known strategies utilized by recovery auditors to issue denials against your facility, including those that are ICD coding guideline based and those that are clinically based.

Track 5: CDI Expansion
Why you need an educator
Melissa Maguire, BSN, RN-BC
CDI educator is a new role with responsibilities that include specialized education of CDI staff and clinicians. Attendees will hear from an
educator and be able to identify the role of a dedicated educator and the value this position brings to their organization.

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 5)**  

**Track 1: Clinical and Coding**  
**Query for Success: Tips, Techniques, and Strategies to Ensure Physician Engagement and Reduce Risk**  
*Sheila Duhon, MBA, RN, CCDS, A-CCRN; Patti Fountain, BS, RN, MBA, CCDS*  
This session describes how to translate CDI skills and clinical expertise to the process of physician query. It includes best practices for writing queries using the “four legged stool” approach and how to speak the physician language.

**Track 2: Management and Leadership**  
**And the Survey Says…Family Feud/CDI-Coding Edition**  
*Laurie Prescott, RN, MSN, CCDS, CDIP, CRC; Shannon McCall, RHIA, CCS, CCS-P, CPC, CPC-I, CEMC, CRC, CCDS*  
Presenters lead their “families” in a lighthearted review of coding guidelines related to sequencing, principal diagnosis selection, and clinical indicators related to diagnoses. The Family Feud game allows for two family teams to compete in answering the survey questions.

**Track 3: Physician Engagement**  
**Measuring Clinician Engagement Utilizing a Validated and Reliable Survey Instrument Developed by a Professional Doctorate Candidate**  
*Nicole Draper, RN, BN, MHA*  
Attendees will be inspired to develop or adopt the validated and reliable survey instrument presented during this presentation to assess clinician engagement in their CDI program. Data and results will be shared. This instrument is in development with the two academics supervising the presenter’s Doctoral studies.

**Track 4: Quality and Regulatory**  
**Leveraging CDI to Improve Performance under Alternative Payment Model (APM) Methodology**  
*Cheryl Ericson, MS, RN, CCDS, CDIP; Michelle Wieczorek, RN, RHIT, CPHQ; Wayne Little, CPA*  
This session will provide an overview of “bundled payments,” i.e., episode payment models, and incorporate strategies for CDI efforts for those organizations seeking to minimize the impact of poor documentation on performance. Examples based on the risk adjustment methodology for the comprehensive care for joint replacement (CJR) will be discussed as well as how to locate resources to better understand future measures.
Track 5: CDI Expansion

Under What Conditions: Understanding 44 and W2
Debbie Mackaman, RHIA, CPCO, CCDS

When the attending physician orders an inpatient admission and the stay does not meet Medicare’s requirements for Part A payment, a hospital may have the option to bill for its services under Part B. Timing is everything is when it comes to the correct application of condition codes 44 and W2, and the CDI specialist can play an instrumental role in capturing the necessary documentation.

4:45 P.M. Adjourn

Friday May 12
7:00 A.M.—8:00 A.M. Continental breakfast
Exhibit Hall

8:00 A.M.—9:00 A.M. Breakout Sessions (choose 1 of 5)
Track 1: Clinical and Coding
General surgery review: Decoding operative reports
Adriane Martin, DO, CCDS; Lynn Ashton, MS, CCS, CCS-P, CPMA, CRC
This session will cover common surgical procedures including Roux-en-Y gastric bypass, low anterior resection, Hartman’s procedure, lymph node dissection, skin grafts/advancement flaps, tunneled catheter insertion/port insertion. Pertinent anatomy, basic steps of the procedure and portions which are inherent to the procedure will be discussed as well as PCS query considerations.

Track 2: Management and Leadership
Measuring the Overall Success of Your CDI Program and Overcoming the Law of Diminishing Returns: Hospital Case Study
Joellyn Horowitz, MD, CCS, CCDS, Tina Hill, Debbie White, RN
In hospitals that are struggling financially, CDI program changes and expansions can be a tough sell to hospital administrators. Through the detailed metrics of a hospital case study, learn how to look at all of your data to help convince the C-suite that your CDI program has an impact that cannot be fully appreciated by simply looking at the bottom line.

Track 3: Physician Engagement
Effective Strategies for Teaching and Supervising Resident Clinical Documentation
Joseph Cristiano, MD; Tamara Hicks, RN, BSN, MHA, CCS, CCDS, ACM-RN
This session informs CDI and leadership on differences in clinical medicine in the academic environment and how to stimulate collaboration, efficiency and educational partnership in this setting. The session will be presented jointly by a faculty physician involved in
Track 4: Quality and Regulatory
Let’s Play APR-DRG!
Candace Blankenship, BSN, RN, CCDS; Deborah Neville
The Maryland ACDIS chapter along with Elsevier invite you to learn more about the APR-DRG coding system. Join us to learn what secondary diagnoses impact the common APR-DRGs of CHF, CVA, COPD, AMI and pneumonia for quality scoring and relative weight.

Track 5: CDI Expansion
All about the babies! Neonatal query opportunities
Cheryll Rogers, RHIA, CDIP, CCDS, CCS, CTR
This session will include an overview of neonatal clinical concepts and coding guidelines, with case example discussion and compliant query formulation. This session will additionally include details on disease process and code assignment of common neonatal conditions as well as congenital malformations.

9:15 A.M.—10:15 A.M.

Breakout Sessions (choose 1 of 5)
Track 1: Clinical and Coding
Targeted DRG Reviews to Optimize Documentation, Coding, Metrics, and Reimbursement
Erica Remer, MD, FACEP, CCDS
This session will walk the CDI specialist or physician advisor through the steps to select high-yield DRGs, analysis methodology to recoup lost revenue, and case-based examples to provide feedback and education for the medical staff.

Track 2: Management and Leadership
Capturing Accurate Documentation through Participation in Interdisciplinary Rounds: A Healthcare System Initiative
Holley Pegram, RN, MSN, CCM; Kay Blue, RN, BSN, CCDS, ACM; Sandie Pressley, BSN, RN
This discussion with CDI and quality leadership from Carolinas Healthcare System describes how CDI specialist participation in interdisciplinary rounds incorporates CDI specialists as part of the clinical team, impacts documentation and query response time, and improves face to face interaction with providers by providing an opportunity for frequent education.

Track 3: Physician Engagement
The Brains Behind a Relationship-based CDI Program: Achieving Physician Collaboration and Buy-In at the University of Vermont Medical Center
Kellie Halsted, MSN, MHA, RN, CCM; Claudia Baker, RN, CPHQ, CDIP, CCDS; John Poulin, RN, BSN
This session will examine one academic medical center’s implementation of a “relationship-based” CDI program, helping attendees with those elements that affect provider collaboration and buy-in, the elements of the SCARF model and how it can foster provider collaboration and buy-in, and other opportunities to overcome barriers to provider collaboration.

**Track 4: Quality and Regulatory**
**Hospital Value Based Purchasing and Documentation Opportunities for CDI**
*Sharme Brodie, RN, CCDS*

CDI programs can no longer afford to remain focused on simple CC/MCC capture; they need to understand how the Hospital Value-Based Purchasing (HVBP) program works and what documentation risks hospitals face under this increasingly important payment methodology. This session provides an in-depth look at HVBP to ensure your CDI program is focusing on the right measures.

**Track 5: CDI Expansion**
**A New Documentation Frontier: Expanding CDI to the Outpatient Observation Setting**
*Lori Sackela, RN, CCM, CCDS; Seth Kirschner*

Mount Carmel Health System successfully implemented one of the nation’s first observation CDI programs. Attendees will learn how in addition to reducing observation patient length of stay and supporting appropriate patient status, the program resulted in significant financial benefit for Mount Carmel.

10:15 A.M.—11:00 A.M. Networking break
*Exhibit Hall*

11:00 A.M.—12:00 P.M. **Breakout Sessions (choose 1 of 5)**

**Track 1: Clinical and Coding**
**Compliant Strategies for Unsupported Diagnoses**
*Patricia Nemeth, RN, BSN, CCDS, CCS; Sue Haley, AAS, RHIT, CCS, CCDS*

CDI provides a crucial link to assist in clinical validation of the documented diagnosis to support compliant coding. This session describes conditions that are targeted due to a lack of clinical support and strategies to address the conflict between the diagnosis and clinical indicators.

**Track 2: Management and Leadership**
**Building a Successful Mentorship: Tips for the Mentor and Mentees**
*Karen Bridgeman, MSN, RN, CCDS, Claudine Hutchinson, BSN, RN*

While experienced CDI specialists are hard to find, developing a mentorship to assist a new or inexperienced CDI specialist can be key for developing and sustaining a successful CDI specialist. This session
provides tips from both a mentor and a mentee on the benefits of mentoring, as well as how to develop a successful mentorship.

**Track 3: Physician Engagement**

**Playing to Win: How to Engage Physicians in Clinical Documentation Improvement**  
*Nicole Fox, MD, MPH, FACS, CPE*

Delivered by a practicing surgeon and medical director of a vibrant CDI program, this session will provide an overview of what it takes to build a “physician friendly” CDI program, engage physicians actively in the process of documentation improvement and ultimately expand the role of CDI in your organization. Participants receive proven strategies to deal with difficult physicians, make education relevant and effective, and secure administrative support.

**Track 4: Quality and Regulatory**

**CDI and Quality: A Team Based Approach for PSI Management**  
*Vaughn Matacale, MD; Niti Armistead, MD*

Vidant health has created a PSI team with representation from coding, CDI, physician advisors, quality, and medical staff leaders. Learn how the team composition evolved, the role of each member, and how PSI’s are reviewed from all aspects by one team—and how its work dropped the facility’s PSI rates.

**Track 5: CDI Expansion**

**The Multitasking Clinical Documentation Specialist in an ever changing world: Work smarter not harder**  
*Laurie Morelle, MS, RN, CCDS; Aimee Van Balen, RN, BSN, CCDS*

Don't be overwhelmed by incorporating the many complex reviews: Mortality, HACs / PSIs, LOS, audit proofing. Come and learn how to balance your CDI responsibilities like an expert.

12:00 P.M.

Adjourn