ACDIS Pre-Conference: May 19-20, 2019
The Physician Advisor's Role in CDI

CDI success hinges upon a successful partnership with physicians, with the CDI physician advisor the critical link between clinical documentation and clinical care. Join us for *The Physician Advisor's Role in CDI*, the nation's only event dedicated to the physician advisor to CDI.

Our most popular pre-conference event returns for its eighth straight year, with all new content delivered by some of the best physician advisors and educators in the country. On day 1 attendees receive a heavy dose of critical coding, clinical, and regulatory updates by regulatory guru James Kennedy, MD, followed by a denials workshop by Trey LaCharite, MD, featuring effective appeals and denials prevention strategies. New this year is a hands-on, small group workshop reviewing actual denied cases.

On day 2 attendees have their choice to attend one of two tracks: our popular *Physician Advisor 101: Core Skills and Responsibilities*, or the all new *Expanding and Innovating the Role of the Physician Advisor*. This latter track features presentations by four physician advisors from the nations' leading organizations, covering a wide range of topics including HCCs, surgical quality database improvement, malnutrition documentation initiatives, and measuring and driving success with analytics and metrics.

Learning objectives

At the conclusion of this program, participants will be able to:

- Explain the optimal role of the physician advisor in a CDI department
- Identify critical coding, reimbursement, and regulatory changes pertinent to FY 2019 and beyond
- Describe common reasons for payer denials and best practices for pre-emptive prevention and appeal
- Define opportunities to improve organization-wide HCC assignment
- Identify opportunities to expand the reach of a physician advisor, including malnutrition capture, palliative and hospice care, and surgical quality

Agenda

Day 1: Sunday, May 19, 2019

James Kennedy, Trey LaCharite

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

- Proposed changes or published advice in the ICD-10-CM/PCS Index, Table, Guidelines, *Coding Clinic for ICD-10-CM/PCS*, and proposed IPPS rule impacting CDI and warranting the attention of the CDI physician advisor and leadership

- Potential changes to the MS-DRG structure and CC/MCC list announced in the April 2019 IPPS rule with recommendations for comments due in June 2018
- Clinical definitions affecting CDI critical thinking and workflow (e.g., updated definition of myocardial injury and myocardial infarction; evolution of sepsis-2 to sepsis-3)

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/readmissions/quality calculations
- Review of how inpatient and outpatient ICD-10-CM/PCS codes affect CMS' mortality/readmissions/ complication measures and those impacting APR-DRGs (e.g., 3M's Potentially Preventable Complications and Potentially Preventable Readmissions)
- Discussion on how to integrate quality measures in inpatient and outpatient CDI workflows

11:00 a.m. – 12:00 p.m.: Outpatient CDI fundamentals integrating cost efficiency and quality
- Outpatient ICD-10-CM/PCS rules and their differences with inpatient coding rules
- Fundamentals of CMS-HCC and HHS-HCC risk adjustment
- Fundamentals of MACRA/MIPS risk adjustment for physician-centric overall and episode-based cost efficiency
- Immediate takeaways and implementation strategies

12:00 p.m. – 1:30 p.m.: Lunch (provided)

1:30 p.m. – 3:00 p.m.: Recovery Auditor update: Spotlight on clinical validation denials

- Where we stand with healthcare recovery auditors
- Review the most common clinical validation denial targets
- Review the most recent changes/updates in diagnostic criteria
- Review resources for appealing disease-specific clinical validation denials
- How to approach and fight a recovery auditor denial

3:00 p.m. – 3:15 p.m.: **Break**

3:15 p.m. – 4:45 p.m.: Hands off our cash! Small group exercise in appeals development

- Review of actual cases where a recovery auditor has issued an MS-DRG downgrade
- Understand the recovery auditor's findings and the denial tactics employed
- Appeal or not: All, some, or none?
- Formulation of appeal strategies
- Group review of the recovery auditor's determinations and their appeal strategies with the class

4:45 p.m. – 5:00 p.m.: Open Q&A

5:00 p.m.: Adjourn

Day 2: Sunday, May 20, 2019

Track 1: Physician Advisor 101: Core Skills and Responsibilities

Trey LaCharite

7:00 a.m. – 8:00 a.m.: Breakfast

8:00 a.m. – 9:00 a.m.: **Achieving medical staff buy-in**

- How to explain the goals of your CDI program
- What your providers don't know about their documentation and their data
- What your providers don't know about your facility
- How to explain why CDI is crucial for your providers' future and their facility

9:00 a.m. – 10:00 a.m.: **Ready, Set, Intervene! Managing problems, pitfalls, and personality disorders**

- Understanding the obstacles you and your program will face
- 10 rules for ensuring CDI program success
- Strategies to improve medical staff compliance
- Practical suggestions for that difficult provider conversation

10:00 a.m. – 10:15 a.m.: **Break**

10:15 a.m. –11:00 a.m.: Well … what should I be putting in the chart?

- Review the basic documentation practices every provider should routinely employ
- Review best practices for operative note construction
- Helpful documentation practices to ensure medical necessity and correct hospital status determinations
- Learn strategies to encourage provider adoption of new documentation habits

11:00 a.m. – 12:00 p.m.: Stay within the lines! How to conduct a compliant CDI program

- Understand CMS' "Double Jeopardy" for hospitals
- 10 rules to stay on the straight and narrow
- Review acceptable CDI query construction practices
- Review when provider queries are needed

12:00 p.m. – 1:30 p.m.: **Lunch on your own**

1:30 p.m. – 3:00 p.m.: Stop, Drop, and Roll! Managing the unexpected fires

- The impact of your CDI program on other hospital departments
- Review EMR-specific risks for your CDI program
- Why your facility is a recovery auditor target
- Learn specific recovery auditor tactics employed to issue denials
- Handling other unanticipated problems in CDI

3:00 p.m. – 3:15 p.m.: **Break**

3:15 p.m. – 4:30 p.m.: Practical considerations: CDI team structure and PA position development

- Suggestions for CDI team composition, organization, and how to get them up to speed
- The other roles of the active and involved CDI physician advisor
- Who should be your CDI program's physician advisor?
- Review successful CDI physician advisor characteristics
- Review potential physician advisor time requirements and how to get paid

4:30 p.m. – 5:00 p.m.: Open Q&A

5:00 p.m.: Adjourn

Track 2: Expanding and innovating the role of the physician advisor

Brett Senor, Beth Wolf, Megan Cortazzo, Sam Antonios

7:00 A.M.—8:00 A.M.: Registration and Breakfast

8:00 A.M.—10 A.M.: HCCs for the physician advisor. *Brett Senor, Enjoin.*

- The importance of proper risk adjustment for
    - patient budget/resource allocation
    - provider reputation and reimbursement
    - system reimbursement
- CMS-HCC risk adjustment model and how it is utilized by Medicare Advantage and MSSP-ACOs
- Physician Advisor role in helping inpatient and ambulatory CDI in capturing HCCs
- How health systems can optimize divisions of labor among PAs to improve capture of risk adjustment opportunity

10:00 A.M.—10:15 A.M.: Break

10:15 A.M.—12:00 P.M.: Surgical quality databases; expansion to palliative and hospice care. *Beth Wolf, Roper St. Francis Healthcare.*

- Review thoracic, general, and vascular surgery quality database initiatives
- Recognize differences in documentation requirements and risk adjustment
- Support efforts to improve surgical care while retaining the codified health data integrity
- Articulate the importance of palliative medicine in healthcare
- Establish medical necessity and recognize key conditions impacting prognosis

12:00 P.M.—1:30 P.M.: Lunch (provided)

1:30 P.M.—3:00 P.M.: Electronic capture of malnutrition; preventing physician burnout. Megan Cortazzo, UPMC.

- CDI/documentation requirements, and CMS probe and educate audits, for malnutrition diagnoses
- How malnutrition diagnoses impact revenue, risk adjustments for CMS penalty programs (readmissions, mortality, HAC, PSI)
- Leveraging dietitians' documentation to supplement physician documentation, help with reduced paperwork for physicians
- Utilizing other teams and technology to help sell a CDI program to physicians

3:00 P.M.—3:15 P.M.: Break

3:15—4:45 P.M.: Metrics and analytics. Sam Antonios, Via Christi Health.

- Understand main metrics that drive performance of a CDI program
- Understand how to examine certain operational metrics using analytical tools and benchmarking
- Review potential for advanced analytics in advancing hospital reimbursement and quality

4:45 P.M.—5:00 P.M.: Open Q&A

5:00 P.M.—Adjourn

Speakers

Sam Antonios, MD, MMM, FACP, SFHM, CPE, CCDS, is the chief medical officer and the medical director for information systems at Via Christi Health in Wichita, Kansas, having experience in leadership roles as the medical director for utilization management, CDI, and technology deployments and analytics. In his role as chief medical officer, he oversees staff functions, strategy, and quality initiatives. Antonios is also a member of the ACDIS Advisory Board.

Megan Cortazzo, MD, is an assistant professor of physical medicine and rehabilitation at the University of Pittsburgh School of Medicine, and currently serves as the Medical Director CDI and HIM for the University of Pittsburgh Medical Center (UPMC). Prior to that role, she served as Vice Clinical Chair of outpatient services for the department of physical medicine and rehabilitation.

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 essentials to healthcare revenue cycles and quality measurement. As a coding and CDI expert with more than 17 years of experience and as a frequent speaker to medical staff, HIM, and CDI associations, Kennedy is nationally recognized for his subject matter expertise, communication skills, and problem-solving approach. He is a past ACDIS Advisory Board member.

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. A past ACDIS Advisory Board member, La Charité is a regular presenter at the ACDIS pre-conference physician advisor boot camp. Besides being a hospitalist, he is a clinical assistant professor of internal medicine and is the curriculum director of the residency program's hospitalist rotation. He is the medical director of the outpatient CDI initiative for UTMC's primary care network.

Brett B. Senor, MD, CRC, CCDS, is a Physician Associate for Enjoin, where he provides guidance and support for CDI quality initiatives and MS-DRG assurance programs. He is board-certified in internal medicine and has served as a hospitalist and physician advisor for a large metropolitan healthcare system in North Carolina. In his current role with Enjoin, he assists in the development of content and provides education and training to support the quality and risk-adjustment service lines, working with providers, clinical documentation improvement specialists, and coders.

Beth Wolf, MD, CCDS, CPC, is the medical director of HIM at Roper Saint Francis Healthcare in Charleston, South Carolina. Wolf is a practicing physician with 18 years of experience, currently working in a 657-bed not-for-profit hospital system with nearly 800 physicians on staff. As a leader, physician, and CDI professional, Wolf improves data reliability and aligns CDI efforts with physician and system priorities. She specializes in palliative medicine and understands the importance of an accurate patient story; to the patient, the clinicians, the hospital, and the payers. Wolf is board certified in clinical informatics and serves as a physician consultant for 3M.

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