

# ACDIS RETROSPECTIVE

Celebrating 10 Years of Bringing the  
CDI Community Together



10  
YEARS  
3,650  
DAYS  
87,600  
HOURS  
315,360,000  
SECONDS



**Tamara A. Hicks**  
RN, BSN, MHA, CCS,  
CCDS, ACM

“For me, the most valuable thing about ACDIS is the network of professionals who get CDI. I have been in this business for 18 years, and in the beginning, there were very few others who even knew what CDI was. It has been an honor to meet so many who understand what we do and are as passionate about this work as I am.”

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ACDIS is the premier association for clinical documentation specialists, providing a medium for education, professional growth, program recognition, and networking. This article provides an inside look at ACDIS' leadership team, its various boards and committees, and its many offerings to the CDI community.

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Relive the milestones of ACDIS' history in this visual timeline, from ACDIS' founding and the MS-DRG implementation in October 2007, to the beginning of the Certified Clinical Documentation Specialist credential in May 2009, to the beginnings of CDI Week in September 2011, to ACDIS' first outpatient-focused educational event, to the 10th anniversary celebration.

### 10 Associate Director's Note

ACDIS' membership could be its own city—not a large one, but a community nonetheless. Associate Editorial Director Melissa Varnavas unpacks all the ways in which ACDIS has fostered a CDI community over the last 10 years and expresses her admiration of the CDI professionals she's met over the decade.

### 12 ACDIS through the years

The final pages of the 10th anniversary special report show what ACDIS is all about: the members. The ACDIS team has compiled photographs from the last 10 years of conferences and CDI Weeks and compiled them into a photo timeline of sorts showing the growth and excitement in the CDI profession.

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## DIRECTOR'S NOTE

# Thankful for 10 memorable years

by **Brian D. Murphy**

More than 10 years ago, it started with a simple observation. Nurses and HIM/coding professionals were being used to review health records and clarify documentation with physicians, in real time, while the patients were still in-house.

It didn't take long to figure out the importance of this new profession. But as vital as it was, it lacked structured job descriptions, core competencies, and standards of practice. Heck, this profession even lacked a name. "Documentation assurance," "CDS," "CDMP," and "concurrent DRG specialist" were all being thrown around as titles for this new role. But "CDI" kept rising to the top, so we rolled with it.

We also realized, through many conversations and surveys, that what CDI specialists wanted most was their own resources, their own conference, and an opportunity to network with and get to know other colleagues. They weren't just an offshoot of HIM, or case management, or nursing. They were their own profession, and in short, they needed a home of their own. So we built one—and ACDIS was born.

I believe, more strongly than ever, in the limitless potential of the CDI profession.

Healthcare reimbursement is growing more complex by the day. Where it was once enough to solidify a principal diagnosis and capture a single comorbidity, today MS-DRGs, APR-DRGs, and Hierarchical Condition Categories mean that every comorbid condition a patient has can play a role in portraying accurate severity of illness—and accurate reimbursement.

I also believe, more strongly than ever, that CDI is about much more than the money. Don't let anyone tell you otherwise.

Today's hospitals are being measured by star ratings, and patients are making informed choices about where to get their knee or hip replacement. Who can help hospital and physician public profiles improve? That's right, a CDI specialist can.

Finally, I believe that we are just scratching the surface of the settings into which CDI can expand. We are already seeing CDI specialists move outside the walls of traditional short-term acute care hospitals, and beyond Medicare patients, to long-term acute care facilities, critical access hospitals,



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pediatric facilities, freestanding hospital clinics, and physician practices. This trend is going to continue.

ACDIS is proud to have become the nation's source of cutting-edge information, training, and networking for the CDI profession. Over the last 10 years, we have planned and run 10 national conferences, hosted some 40 quarterly conference calls, and published more than 50 issues of the **CDI Journal**. We provide thoughtful networking exchanges for CDI leaders. We work with authors to publish books and create apps like the *CDI Pocket Guide*. We've developed a code of ethics for the profession, and wrote a practice brief in conjunction with AHIMA that has become the national standard for compliant physician query practice. We have established a week of recognition for CDI, and a national certification that is now widely preferred or required by hospitals across the nation as a standard of competence. With a great staff of instructors whom I'm proud to work alongside, we teach boot camps across the country and deliver our training in webcasts and online learning courses.

And, as you have probably seen on our social media platforms or by listening to ACDIS Radio, we've managed to have a lot of fun along the way.

But I need to stress—not with artificial humility but with the clear vision of truth—that we did not do this alone.

ACDIS could not have gotten off the ground without a dedicated group of volunteers to give it direction and shape. Over the years, it has been their voices that have served as expertise and encouragement for us, the association's administrators, as well as for our ACDIS members.

Much credit belongs to the pioneers on the initial ACDIS Advisory Board: Cindy Basham, Gloryanne Bryant, Jean Clark, Wendy De Vreugd, Colleen Garry, Dr. Robert Gold, Dr. William Haik, Tamara Hicks, Pam Lovell, Shannon McCall, Lynne Spryszak, and Heather Taillon. Some of these folks have since retired, or even passed on. Some remain active with ACDIS. But none of them are forgotten.

ACDIS started because CDI did not have a home of its own. I hope that ACDIS has made you feel a little more at home over the last 10 years. And I hope you believe as much in the limitlessness of this profession as I do.

Here's to the next 10.

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# Providing networking and education tools CDI needs

## Breaking down the core structure of the association

The Association of Clinical Documentation Improvement Specialists (ACDIS) is the premier association for CDI specialists, providing a medium for education, professional growth, program recognition, and networking.

With the healthcare industry's ongoing effort to provide higher-quality care at lower costs, the role of CDI leadership and professionals in capturing accurate, codable clinical data within the healthcare record has become increasingly vital to quality improvement initiatives, compliance, and the revenue cycle.

Leaders across healthcare have recognized the importance of this growing profession and are increasingly implementing new CDI programs, expanding existing CDI efforts into new settings and service lines, and supporting their programs with consulting services and EHR system implementation.

As the first and only national association dedicated to CDI, ACDIS is the go-to resource and home for those working in the field of clinical documentation improvement. Started in 2007, ACDIS includes:

- More than 5,600 members
- Approximately 3,500 Certified Clinical Documentation Specialist (CCDS) holders
  - The CCDS is the nation's preferred credential for those working in the profession
- A national week of recognition for CDI professionals
- Approximately 40 local chapters
- An annual conference with more than 50 presentations, 2,000 attendees, and 50 exhibitors
- A robust web platform for peer-to-peer networking, resources, education, news, thought leadership, and analysis of changing healthcare regulations

The association is wholly owned by HCPro and its parent companies H3.Group and Simplify Compliance, but is led by a volunteer advisory board consisting of 12 at-large members hailing from and elected by the ACDIS community. These volunteers provide insight into the daily struggles of CDI professionals and work with ACDIS administrators to develop solutions. The board members compose research and publish in-depth analysis, offer insight, and participate in quarterly conference calls where they discuss core topics with other ACDIS members.

ACDIS volunteers also serve on a number of other committees, including the following:

- The ACDIS Conference Committee, a group of roughly 13 volunteers that reviews conference presentation applications and selects sessions for its annual event. The group also helps select a series of professional award winners.
- The Practice Guidelines Committee, which helps gather research and provide feedback to related government and healthcare agencies regarding the effect of regulatory doctrine on CDI activities.
- The Chapter Advisory Board, which provides guidance to the voluntary local chapter leaders across the country.
- The CCDS Committee, which regularly updates the credentialing exam, responds to membership questions, and assists in setting exam prerequisite requirements.
- The CDI Week Committee, which develops materials and activities to help members celebrate our national week of professional recognition.

ACDIS welcomes all those who are interested in learning how clinical documentation can be better leveraged to reflect a wide range of patient care concerns

regardless of professional backgrounds. ACDIS' membership includes:

- 60% CDI specialists, including nurses
- 25% directors and managers of CDI/HIM
- 10% physician advisors
- 5% other titles currently subscribing to CDI publications/using CDI training

Our editorial team is responsible for researching, writing, and creating new and relevant content for the CDI community. They have their finger on the pulse of new CDI regulations and can be relied upon to deliver the latest news, educational materials, and training resources to CDI specialists throughout the country. The editorial team includes:

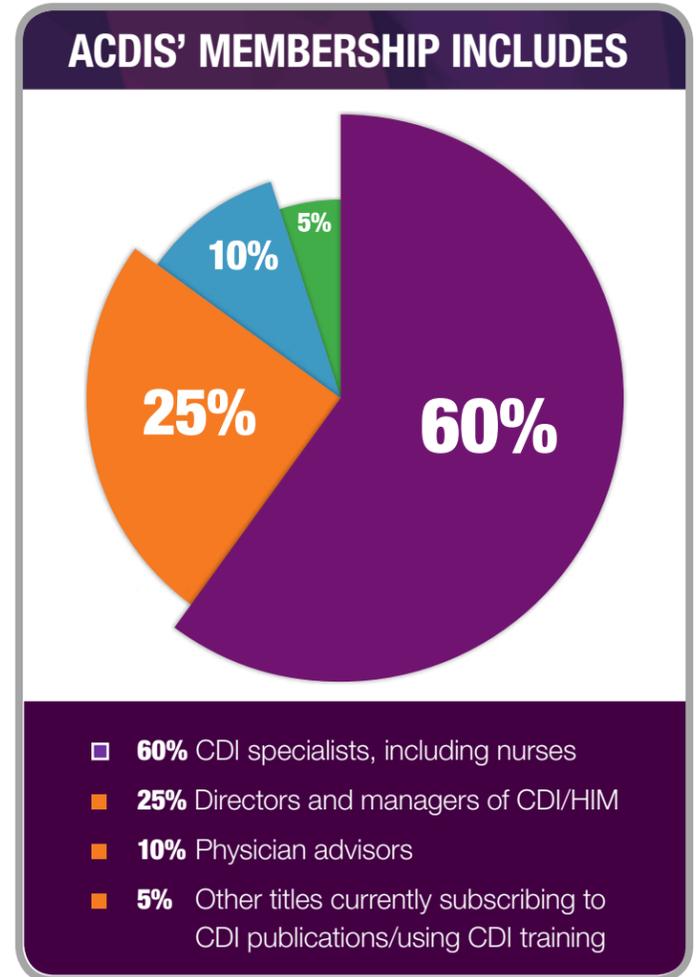
Brian Murphy, CPC, director of ACDIS, oversees management of its award-winning resources, leads association outreach, and develops industry CDI guidance in conjunction with the ACDIS Advisory Board. Murphy also oversees the annual ACDIS Conference, the nation's first and largest conference dedicated to the unique needs of the CDI specialist. Murphy is a former managing editor at HCPro, with experience in developing products and services for HIM professionals. He has extensive knowledge of CDI and HIM, with an emphasis on documentation, coding, Medicare regulations, and the revenue cycle.

Rebecca Hendren, ACDIS' associate director of membership and product development, oversees product research and membership outreach. She is a former product manager at HCPro, where she managed the accreditation, patient safety, nursing, and hospital safety markets.

Melissa Varnavas is the associate editorial director of ACDIS, responsible for managing its extensive collection of editorial products and online services. A core member of the ACDIS administrative team since 2008, she has also helped more than 40 state and specialty-focused CDI networking groups across the country organize effective educational events.

Penny Richards is ACDIS' member services specialist and CCDS certification coordinator. She is responsible for all things related to the CCDS credential and ACDIS membership.

Linnea Archibald is the editor for ACDIS. She writes and edits **CDI Strategies**, the **CDI Journal**, ACDIS Blog, and social media. She also contributes to ACDIS' book and webinar offerings.



# ACDIS TIMELINE



ACDIS celebrates its 10th anniversary!

OCTOBER 1, 2007

ACDIS goes live; MS-DRGs implemented

MAY 2008

1st annual conference; 1st CCDS board meeting

OCTOBER 2008

Melissa Varnavas joins ACDIS as associate editorial director

MAY 2016

Mercedita Morales becomes the 5,000th ACDIS member

JANUARY 2017

Linnea Archibald becomes the ACDIS editor

SEPTEMBER 2017

ACDIS holds its first outpatient-focused educational event



SEPTEMBER 2009

First CDI Boot Camp launched



MAY 2009

CCDS certification launched



APRIL 2009

Membership rises to 1,500; local chapters launched



JANUARY 2016

Rebecca Hendren joins ACDIS as its associate director



DECEMBER 2015

Rhonda Bisby becomes 3,000th CCDS credential holder

OCTOBER 2015

ICD-10-CM/PCS implemented



FEBRUARY 2010

First full-time CDI educator position filled



SEPTEMBER 2011

First CDI Week, a week of national recognition for the profession



JANUARY 2012

Penny Richards joins ACDIS as CCDS coordinator



SEPTEMBER 2012

ACDIS turns 5 with 3,200 members and 1,000 CCDS credential holders

FEBRUARY 2013

ACDIS/AHIMA collaborate on a seminal query practice brief

MARCH 2014

Congress delays ICD-10-CM/PCS implementation

APRIL 2014

49% of survey respondents structurally align CDI with HIM/coding

ACDIS Journal becomes a bimonthly publication

JANUARY 2015

## What's so special about ACDIS?

by **Melissa Varnavas**

What makes ACDIS unique? In short, it's the membership. There are more than 5,500 ACDIS members now as we celebrate our 10th anniversary. That's the size of a city. Sure, it's not a large city, but it's definitely a community—one whose members have chosen to live and work together and ensure their neighbors succeed. And that's an amazing thing to be a part of.

But it's been that way since the start of the organization. Back then, everyone was scrambling to figure out the best way to do this job. Everyone was looking for the best clinical indicators to help win their physicians over. And everyone was struggling to find their niche within the hospital hierarchy of department reporting structures.

So everyone shared. Everyone shared just about everything they possibly could. They shared their time, first and foremost, in serving on a think tank, then an advisory committee, then an advisory board. Volunteers also met regularly to design the shape and scope of the organization and dedicated themselves to seeing the project through to fruition.

In the first few months of ACDIS' existence, no one really knew what to expect from the fledgling association. At the time, managing editor Brian Murphy took on the mantle of director and began holding conference calls with a hand-selected board of trusted advisors and new CDI specialists.

The professionals he reached out to lamented the lack of information available for their unique position. CDI specialists didn't fall easily into the coding ranks, and specialists who hailed from nursing could no longer consider themselves part of the direct patient care process. The need for guidance and orthodoxy was clear, and these

individuals threw themselves into the association's creation with gusto.

Although a small band at the start, ACDIS' members seemingly doubled every month. Donations came pouring in for the Forms & Tools Library—smatterings of sample queries, jumbles of policies, thoughtful collections of processes, and sample job descriptions. Murphy published quarterly newsletters and biweekly email digests to start. He held conference calls for members, where CDI professionals asked questions of the Advisory Board and each other.

It was a dialogue that continued via the ACDIS Forum (then the CDI Talk listserv). Members discussed strategies for dealing with noncompliant physicians and offered up their hard work—in the form of CDI newsletters, policies, tip cards, and queries—as samples that others could adapt and use as their own.

Many of those founding ACDIS members continue to be instrumental in the ongoing strength and progress of the CDI profession—advocating for CDI in their systems, promoting the value of CDI within ancillary departments, mentoring new CDI professionals, and even letting their actual geographic communities know about how valuable CDI programs are to the patients they serve. For example, the CDI team at Claxton-Hepburn Medical Center in Ogdensburg, New York, notified their local newspaper about CDI Week this year.

In the early days, when Murphy asked members to share their success stories, they did—and they still do. In our very first edition of the **CDI Journal**, Judy Ostrow, RN, BSN, CDI manager at St. Luke's Episcopal Hospital in Houston, offered an inside look at her year-old CDI program. The team's overall goal was to get the physicians to document with

greater specificity. "If they were treating the patient, we wanted to make sure the documentation showed the true picture of what was going on," Ostrow said.

In the second issue of the **CDI Journal**, Lena Wilson, RHIA, CCS, at the time CDI manager for Indianapolis-based Clarian Health, volunteered her experience in pushing the program's focus beyond CC/MCC capture and moving the case-mix index into more capture of disease severity and quality of care.

It's a theme that's continued throughout the past decade to today. In the September 2017 edition of the **CDI Journal**, Aimee Van Balen, RN, BSN, CCDS, senior clinical documentation specialist at Lifespan in Providence, Rhode Island said that "every hospital system should want their patients to look and reflect an accurate picture of their risk and severity."

And it's a mission we've undertaken as a community. Through our conversations within the various platforms that the larger association interacts in—from the **Journal** to the email newsletter **CDI Strategies**, from the ACDIS Forum to social media, from local chapter events to the national conference and symposiums, from the resource library to surveys, white papers, and position papers, from quarterly conference calls to ACDIS Radio programs—we have grown collectively and continued to strive to meet the needs of that community.

I am always astounded to realize just how many ACDIS members I personally call friends and how much of this ongoing CDI story we've shared together. Some have worked with me to start local chapters, others have been

featured in articles, and still others have helped develop books that have become staple texts for professionals across the country. We are genuinely concerned about each other; we share baby pictures and vacation stories. When we meet at the annual conference, it's like gathering for a reunion. We hug. And when it's time to depart a few short days later, we hug again.

I could go on and on, and hopefully will, as we step out from our revelry and reminiscences during our 10th anniversary year and step forward into all the continuing challenges and opportunities facing us. It is an exciting time to be a part of this amazing profession. I look forward to many more years of comradery, growth, and experiences with all of you.

You are ACDIS, and you are amazing. You are what makes this organization strong, unique, and special. Thank you for these past 10 years.

**Editor's note:** Varnavas is the associate editorial director for ACDIS and has worked with its parent company HCPro/H3.Group for nearly 12 years. Contact her at [mvarnavas@acdis.org](mailto:mvarnavas@acdis.org).





This picture is one of the few remaining from our first ACDIS Conference, which took place at Caesar's Palace in Las Vegas.



Adelaide La Rosa and Wendy De Vreugd volunteered to hand out CDI Week t-shirts at the national conference in Orlando ahead of that September's first celebration of the clinical documentation improvement profession.



In 2009, ACDIS held the first leadership breakfast at its national conference in honor of chapter leaders who volunteer to help CDI professionals network with one another locally.



2012 CDI Professional of the Year award winners Dee Banet, Robert Hodges, and Cathy Seluke pose with their trophies beside Brian Murphy and sponsor representative Steve Robinson.



**William E. Haik**  
MD, FCCP, CDIP, Director, DRG Review Inc.

**“ACDIS is the only national organization I am aware of that singularly represents CDI professionals and provides them a platform to influence regulatory agencies through educational efforts.”**



**Susanne Warford**  
MBA-HCM, RN, CCDS, Regional CDI Manager, Baptist Health

**“When I think of ACDIS and the CDI profession, three things come to mind: Integrity. Honesty. Accuracy. I feel privileged and honored to be part of this group.”**



ACDIS member Melissa Malabanan has attended nearly every conference and manages to join the staff for at least one quick picture.



ACDIS member Jamie Dugan plays the role of a patient during a mock wedding of CDI professionals and physicians during the poster presentation session at the 2013 ACDIS Conference in Nashville.



Every year, ACDIS Conference attendees wear their purple and orange to show their professional pride.



CDI professionals around the country come up with unique and clever ways to engage providers and ancillary staff about the importance of CDI efforts during CDI Week—including creating a CDI Wheel of Fortune game.



The ACDIS staff is a good-natured, fun-loving bunch. Here, boot camp instructors Laurie Prescott and Sharme Brodie abduct a life-sized poster of ACDIS Director Brian Murphy and take him for an elevator ride.



Advancing the profession and providing a unique set of instructions for personal career growth represents some of the core principles of ACDIS. Here, an ACDIS attendee listens to a lecture during the 2015 conference in San Antonio.



**Deanne Wilk**  
BSN, RN, CCDS, CCS, CDI  
Manager, Penn State Health

**“CDI is research, communication, and education. All of those things are encompassed in the ACDIS organization. It knows the profession, its members, and embodies the values we seek in a national organization.”**



Networking also represents one of ACDIS' core tenets. Here, two 2016 conference attendees discuss lessons learned from their last session.



ACDIS is all about building community and long-lasting friendships. Here, CCDS Coordinator Penny Richards sheds a few tears of happiness and compassion for Professional of the Year award winner Rita Fields.



As much as the core ACDIS team may represent the “face” of the association, we are supported by an amazing network of staff. From our events team to our sales force, our customer service staff, and our production team—we couldn't do it without them.

