

ACICBL

Advisory Committee on Interdisciplinary, Community-Based Linkages

Teri Kennedy, PhD, MSW, LCSW,
ACSW, FNAP
Chair

Joan Weiss, PhD, RN, CRNP, FAAN
Designated Federal Official

August 6, 2018

The Honorable Alex M. Azar II
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Lamar Alexander
Chair, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health,
Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Greg Walden
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Committee on Energy and
Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Azar, Chairman Alexander, Ranking Member Murray, Chairman Walden, and Ranking Member Pallone:

On behalf of the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), I am writing in regard to the change to the Centers for Medicare and Medicaid Services (CMS) Medicare guidelines relating to student documentation in the medical record. As described in the CMS Pub 100-04 transmittal of February 2, 2018, this change “allows the teaching physician to verify in the medical record any student documentation of components of E/M [Evaluation and Management] services, rather than re-documenting the work.” ACICBL strongly supports this important revision, which will help to decrease the administrative burden on physicians who serve as clinical teachers and preceptors. However, we request that you encourage CMS to consider further rule modifications.

ACICBL, a federal advisory committee, provides advice and recommendations concerning policy, program development, and other matters of significance related to interdisciplinary, community-based training grant programs authorized under Title VII, part D, sections 750–759, of the Public Health Service (PHS Act). These programs work to enhance access to high-quality, culturally competent care for rural and other medically underserved communities and populations through a focus on training and interprofessional education and practice. ACICBL also oversees workforce training and enhancement programs through the Area Health Education Centers and in the areas of rural health, geriatrics, social work, graduate psychology, and a variety of allied health professions. ACICBL recognizes that our health system is moving toward an integrated team-based approach to care.

The CMS rule change allows medical student notes to be used, with appropriate supervision, by the teaching physician as part of the documentation for E/M billing codes. Medical charting is a critical skill, so this change facilitates the professional development of medical students. In addition, a recent survey of clinical preceptors indicated that allowing students to help document care would save up to 60 minutes of charting time per day, allowing the preceptors to spend more time with patients and on teaching, while also increasing their job satisfaction.¹

The Committee agrees that this rule change represents an important step. However, we are concerned that subsequent clarification from CMS indicates that the rule applies only to medical students, and not to other members of the health care team such as nurse practitioner (NP) or physician assistant (PA) students. In addition, the CMS guidance failed to address all clinicians who serve as preceptors.

As noted in our January 2018 report, *Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities*,² the nation has an inadequate supply of clinical preceptors. This shortage is especially acute in community health centers (CHCs). These centers, especially those in rural or other underserved areas, often rely on an integrated team approach to care, with primary care services provided by NPs, PAs, and others. Title VII, Part D programs collaborate with CHCs to train students from a wide range of professions, who provide vital services to individuals with no other access to health care. Thus, we believe that CMS should consider expanding the rule to allow the use of NP and PA student notes in documentation, as well.

In addition, the label of “teaching physician” does not encompass all the educators who bill for E/M codes. We request that CMS allow NPs and PAs who precept students to use the students’ note in their E/M documentation, in the same manner as teaching physicians.

The Committee strongly supports the work of CMS, and the U.S. Department of Health and Human Services as a whole. We understand the hard work and careful review required by CMS in making this rule change, and its value in relieving administrative burdens. We believe that CMS can enhance its work by considering the changes described above. The Committee stands ready to provide further information or clarification on these matters, at your convenience.

Sincerely,

/s/

Teri Kennedy, PhD, MSW, LCSW, ACSW, FGSA, FNAP
Chair, ACICBL

CC: Seema Verna, Administrator, CMS

1. Society of Teachers of Family Medicine. Preceptor Survey. <http://www.stfm.org/Portals/49/Preceptor%20Survey%20Results%202018.pdf>. Accessed July 12, 2018.

2. Advisory Committee on Interdisciplinary, Community-Based Linkages. [Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities](#). Accessed July 12, 2018.