

December 4, 2019

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 Frank Pallone
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

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

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

On behalf of the Council on Graduate Medical Education (COGME), I am writing to say that the Council applauds the “Patients over Paperwork” efforts implemented by the Centers of Medicare and Medicaid Services (CMS). Specifically, the Council supports the CY2019 Physician Fee Schedule final and rule that allows documentation of clinical care in the electronic medical record by a medical student, with appropriate supervision, to be used by the teaching physician in billing for services under Evaluation and Management (E/M) codes. This change will help reduce the administrative burden of teaching physicians.

As a legislatively mandated federal advisory committee, COGME is authorized by Congress to “provide an ongoing assessment of physician workforce trends [and] training issues.” The Council sees the rule change as providing benefits in both of these areas. Prior to this change, teaching physicians (also known as *preceptors*) were required to spend time re-documenting the care provided by medical students under their supervision, which took time away from both their patients and their students. Furthermore, since student notes were not part of the official medical record, students rarely received feedback from their instructors in developing their documentation skills.¹

While COGME strongly supports this rule change, we have several additional recommendations for further consideration. First, subsequent communication from CMS stipulated that this rule change applies only to medical students and not to nurse practitioner (NP) or physician assistant (PA) students who receive similar training and are closely involved with the health care team. Unlike medical students, NP and PA students enter the workforce directly upon graduation with the expectation of being prepared for independent practice, so learning proper documentation skills is critical.

¹ Power, D. V., Byerley, J. S., & Steiner, B. (2018). Policy Change From the Centers for Medicare and Medicaid Services Provides an Opportunity to Improve Medical Student Education and Recruit Community Preceptors. *Academic Medicine*, 93(10), 1448-1449.

In addition, this documentation relief does not apply to practicing NPs or PAs who serve as clinical preceptors, even if they teach in an interprofessional setting and train medical students. COGME believes that healthcare is a team effort and encourages CMS to extend this rule change to include NP and PA preceptors, an important step towards greater efficiency and inclusiveness.

Also, the rule change fails to address if *medical residents*, physicians-in-training who are critical members of the educational and care teams, are allowed to review, edit, and sign the student's note in their teaching role. Lastly, it does not clarify implementation of the requirement in the primary care exception for appropriate supervision when the teaching physician is not attesting to physical presence.

Research has shown that allowing students to assist with documentation could help clinical preceptors save 30 to 60 minutes per half day (4-hour) clinic session, allowing them to spend more time teaching, seeing patients, and precepting additional students.²

As our health system moves to a more integrated team approach to care, the training environment must correspond to what learners will see and experience in practice. To summarize, we request that you encourage CMS to consider further changes to:

- Support the use of NP and PA student notes in the medical record.
- Allow NP and PA preceptors to use student notes without re-documentation, as with teaching physicians.
- Clarify the role of medical residents in the use of student documentation.
- Permit the use of the student note as part of the primary care exception.

The members of COGME recognize that the change in the CMS rule came after extensive advocacy work by physician groups and medical educators, and greatly appreciate the CMS response. We believe that consideration of these further changes would provide significant benefits to healthcare training and practice, and promote greater interprofessional teamwork. We hope that CMS can add to their effort by implementing the changes described above. The members of COGME stand ready to provide any further information or clarification needed on these matters.

Sincerely,

/s/ Lois Margaret Nora
Lois Margaret Nora, MD, JD, MBA
Chair, COGME

CC: Seema Verma, Administrator, CMS

² Tanner, J. A., Rao, K. T., Salas, R. E., Strowd, R. E., Nguyen, A. M., Kombluh, A., Mead-Brewer, E., & Gamaldo, C. E. (2017). Incorporating students into clinic may be associated with both improved clinical productivity and educational value. *Neurology Clinical Practice*, 7, 474-482.