December 6, 2018

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

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) strongly supports a change made earlier this year by the Centers for Medicare & Medicaid Services (CMS) in the language of the Medicare Claims Processing Manual. In its Transmittal 4068 (replacing Transmittal 3971), CMS issued a rule revision to allow a teaching physician to use notes written by a medical student on patient assessment and care, under appropriate supervision and verification, for billing of services under the CMS Evaluation/Management (E/M) codes. Before this rule change, the teaching physician was required to write a separate note covering this care, while the student’s note was not used. ACTPCMD requests the inclusion of physician assistant (PA) and nurse practitioner (NP) students and teaching clinicians under this rule revision, given their critical role in primary care.

This rule revision promises tremendous help in easing the documentation burden of teaching physicians. A survey by the Society of Teachers of Family Medicine found that almost all teaching physician respondents (92%) stated the change would save them up to 30-60 minutes of administrative time per half-day clinic session, allowing them more time for teaching and providing care.1 Equally important, it will help improve the development of clinical assessment and documentation skills of medical students.

However, the Committee has concerns about the limitations of this revision. Of particular concern in the area of primary care, CMS has indicated that it applies only to medical students, and not to other members of the care team such as physician assistant or nurse practitioner students. Providing meaningful documentation, under the supervision of a teaching clinician, is a vital skill to develop for all health professions students. However, unlike medical students who enter a period of graduate medical education (i.e. residency), PA and NP students go straight into practice at the completion of their training. Thus, PA and NP students must develop strong patient assessment and documentation skills during their clinical education experiences.

In addition, this change does not benefit practicing PAs and NPs who teach in clinical settings (also known as preceptors). Furthermore, the rule change is unclear as to whether medical residents, who are often critical.

members of the educational and care teams, can verify student documentation in the same manner as a teaching clinician. These limits hamper the ability of health professional training programs to educate all team members while avoiding burdensome documentation requirements.

The Committee requests that you use your authority to encourage CMS to consider further clarification or changes. In making this request, we express our appreciation for the CMS “Patients over Paperwork” initiative to reduce burdens and increasing efficiencies. We propose three changes that we believe will further reduce burden to preceptors, improve the efficiency of their practices, and advance the documentation experiences of PA and NP students:

- Allow the Medicare Claims Process Manual definition of “student” to include PA and NP students, along with medical students.
- Allow PA and NP preceptors to verify student notes in the same manner as teaching physicians.
- Allow medical residents, when assisting in precepting students, to verify student documentation in the same manner as teaching physicians.

The Committee further fears that restricting the new student documentation rule to medical students will have unintended consequences in clinical training environments. Preceptors may become less unwilling to accept PA and NP students, due to the additional documentation requirements they would face. Also, PA and NP students may have more difficulty obtaining primary care training experiences in community settings. These outcomes would impede the training of interprofessional teams, which are vital to the future health care workforce.

ACTPCMD recognizes that the growth of interprofessional team practice in primary care is critical to meet the health care needs of the U.S. population. Primary care relies heavily on community-based health centers, where PAs and NPs are often the main care providers and preceptors. As stated in the Committee’s most recent report, “health professions trainees often provide care for patients in poverty … training should be interprofessional (including physicians, physician assistants, nurses, social workers, and others), [and] take place in varied locations (e.g., medical institutions, community health centers).”2, p. 15 Implementing the above changes would further advance interprofessional education and practice.

The members of ACTPCMD appreciate the work of CMS and the U.S. Department of Health and Human Services as a whole in their efforts to relieve administrative burdens. We hope that CMS can add to this effort by considering and implementing the changes we describe above. The Committee stands ready to provide any further information you or your staff may require.

Sincerely,

/S/

Dr. Thomas E. McWilliams
Chair, ACTPCMD

CC: Seema Verna, Administrator, CMS