Maximizing Medical Student Documentation

In an era of new CMS Medical Student Documentation Rules

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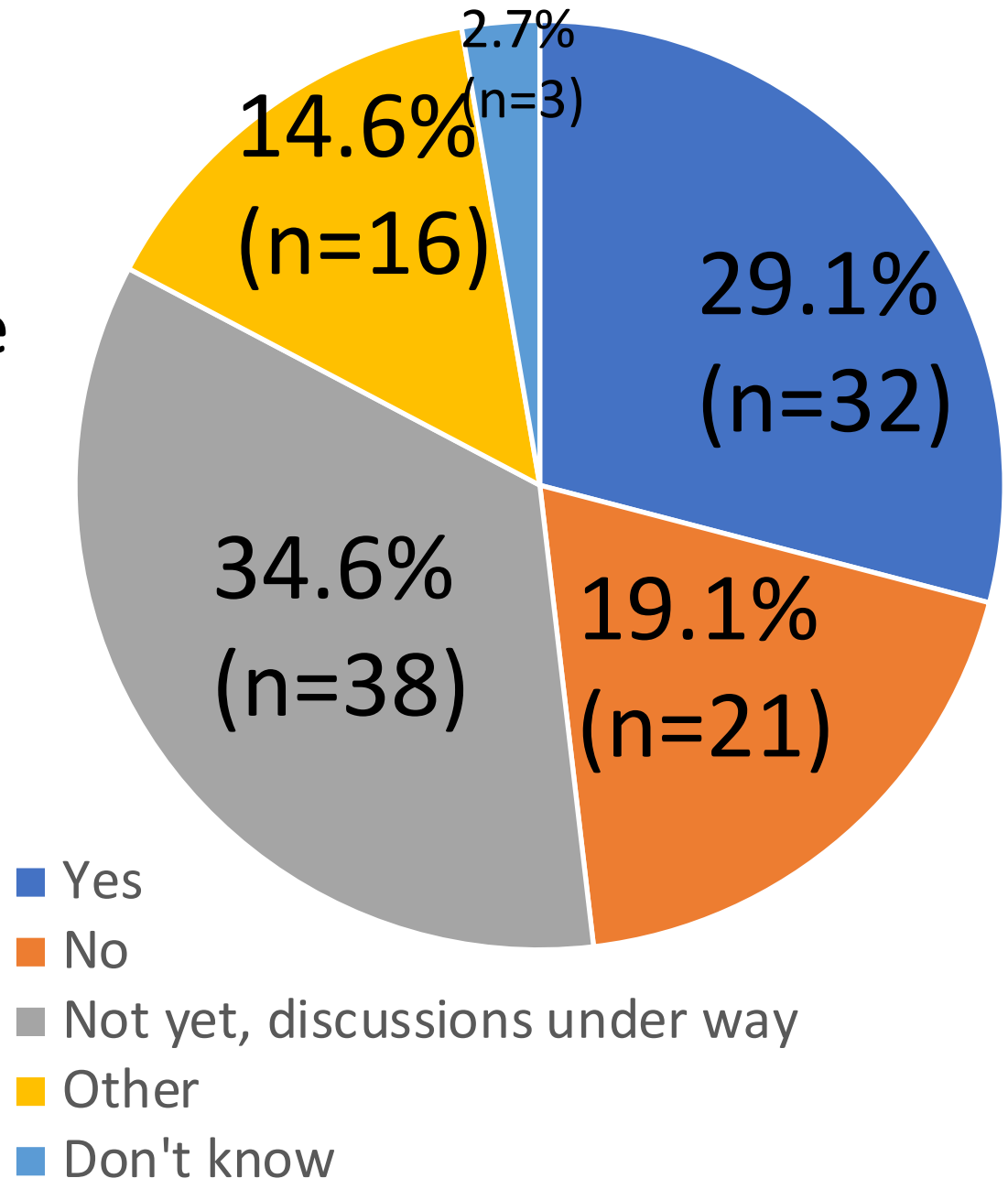
Goals of session

- Learn where you are compared to your peers on recent national survey
- Learn about barriers from this national survey and compare to your own institutional barriers
- Hear potential solutions to barriers from four different perspectives
- Discuss solutions to common barriers
- With a partner, develop your own plan for improving maximizing student documentation

You are not alone…Recent CDIM survey
(unpublished data)

- Response rate 82.4% (110/134)

Are medical students at your institution allowed to **fully engage** in documentation activities on behalf of an attending physician, provided that the teaching attending verifies the content of the note? (N=110)



Respondent barriers (implementers and non-implementers)

- Compliance especially for those who are trying to implement
- Workflows/attestations
- Faculty or resident development
- Affiliations
- Certain settings/stages in training
- Awaiting Rule Clarification

Can a resident attest student note to bill?

- Yes if there is independent performance of the history and physical by the resident-34.4% (11/32)
- Yes, if the resident performs direct observation of history taking and physical exam by the student 31.3% (10/32)
- No, 34.4% (11/32)

- Suggest huge variation in process likely due to compliance issues

If resident can attest note (N=21), can attending then attest that note to be the note of record?

- 100% of respondents (20/21) said yes
- 1/21 did not respond.

This seems to suggest a leverage point. If resident attests note, than attending can do it, too.
Getting to resident attestation leads to little variation in the attending process.

What about you?

- Barriers?

Policies current in place for implementers…

- Guidelines for residents on medical student documentation-71.0%
- Limits on the number of notes a student can write-32.3%
- Restrictions for whom students can write notes-16.1%
- Compliance requirements for when a student's note can be used for billing-61.3%
- Faculty development on appropriate documentation practices with a student-61.3%
- Educational guidelines for medical student documentation-74.2%
- None-3.1%
- Don't let perfect be the enemy of the good!!

If the rule were or is enacted at their SOM:

- 48.1% of respondents believe **recruitment**/retention of **ambulatory** preceptors
- 67.9% of respondents believe **satisfaction** of preceptors for ambulatory rotations
- 25.3% of respondent believe **recruitment/**retention of **inpatient** preceptors
- 51.4%of respondents believe that **satisfaction** of inpatient preceptors

Would be greatly or somewhat increased

Food for thought:

- Residents write bad notes and so do students assigned to them.
- How should faculty evaluate notes?
- EMR companies need to make this easier
- Should they be taught to write to bill or to communicate?
- Generational issues-new attendings have never used student notes

Sharing solutions from our institutions

U of Wisconsin: Compliance

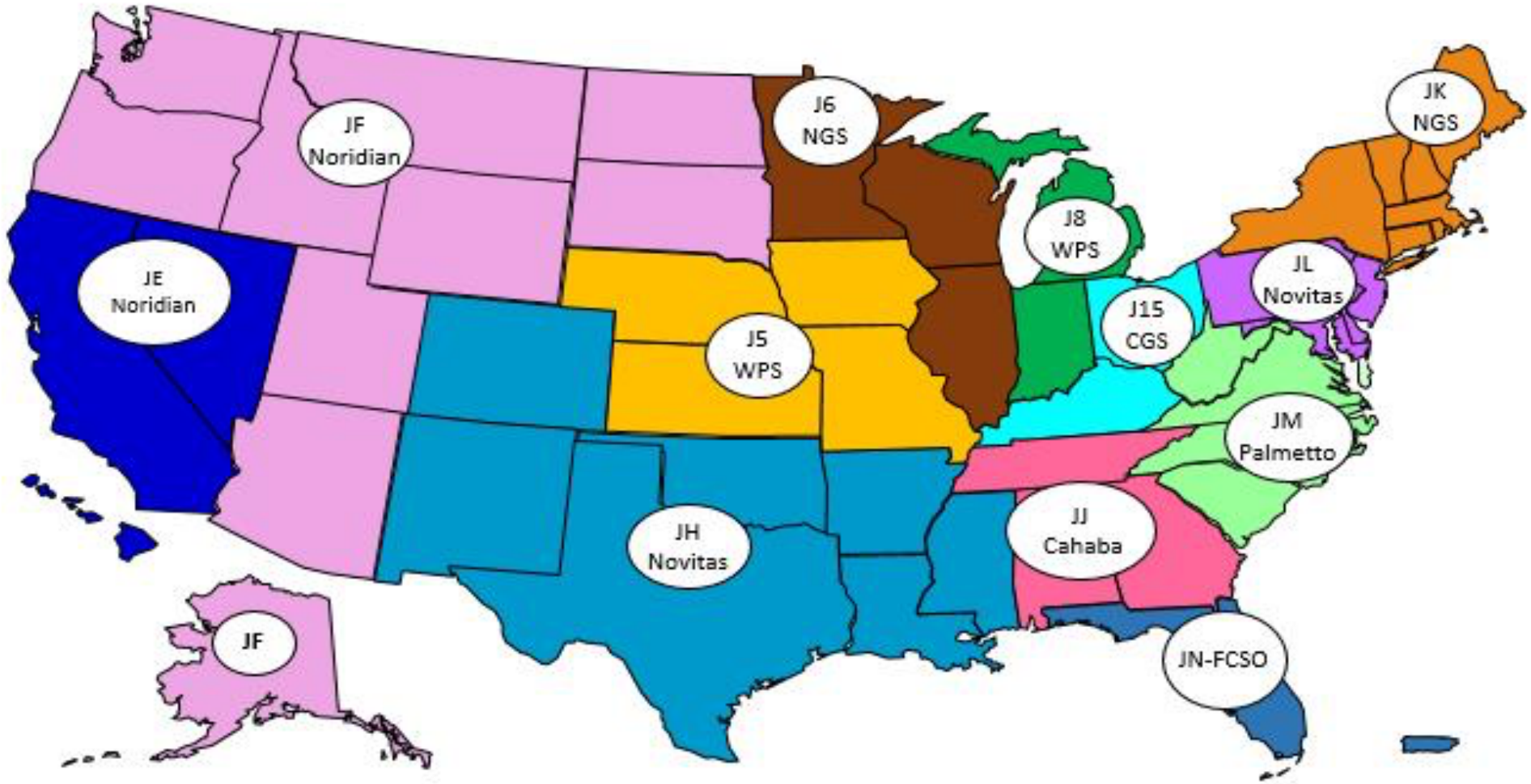
UNC: Faculty development/workflow

UAB: RAT/resident development

U of Chicago: Service vs. education

ALL: EHR – variety, training, limited student access

University of Wisconsin-
Our Journey related to work With Compliance



University of Wisconsin-Tips for working with Compliance

Find your allies

Identify your compliance officers/team

Build a relationship

Understand their concerns/perspective

Educate them about medical student education

Connect them with others (preferentially who share your MAC)

Work to make their job easier

- Provide them with samples from other institutions

UNC-Faculty development, workflow, and attestations

- Expectation that students are writing notes that matter
- Videos at med.unc.edu/teachingskills
- Emails at the start of each rotation outlining the rules and suggested workflows (inpatient vs outpatient) to attendings and residents
- Direct conversations with hospitalists
- Faculty development dinners and one-on-one feedback after mid course FB sessions if students report NOT writing notes for faculty either inpatient hospitalists or outpatient

Sample outpatient workflow

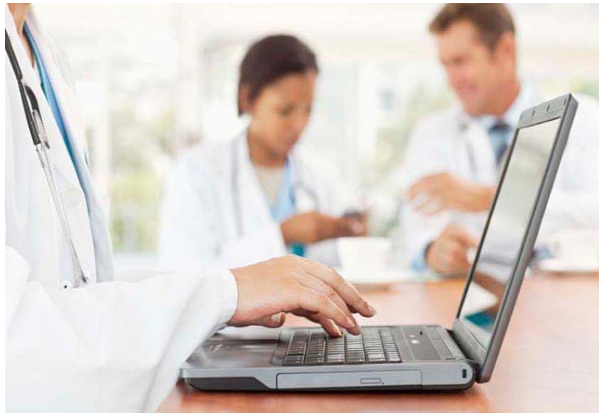
- The student reviews relevant information in the chart before entering the patient's room
- The student enters the room to interview a patient and obtains a history relevant to the patient's complaint.
- She performs a physical exam. She commits to a differential and management plan

Patient Presentation

- She presents the patient's history and physical exam, along with her assessment and plan, in the physical presence of the teaching physician (ideally in front of the patient)
- The teaching physician makes it clear to the patient that the student is still learning and gives her feedback on her presentation
- The teaching physician asks follow up questions and repeats the physical exam with the student
- Now that the teaching physician has confirmed the diagnosis, the student and the attending discuss their plan for treatment with the patient

Step 1:
Student obtains H&P from patient

Step 2: Student presents to the attending or resident. The attending or resident verifies



Step 3: Student documents the encounter. The attending or resident edits the note so that only information verified is included and confirms that the note is verified. Student reads final note (for feedback)

Student/Faculty Workflow

- Student pends orders that he/she determines may be needed and fills out the after visit summary
- Student does teach back with patient on attending/student agreed upon plan
- Attending signs orders while student does teach back
- The student documents the history, physical exam, differential, and plan either while the attending is seeing another patient or later in the day.

Teaching Physician Workflow

- The teaching physician carefully reads the note and verifies the information
- The teaching physician edits the note to include only information verified by him
- The teaching physician uses the attestation button and chooses “Medical student documented the encounter and I have verified the accuracy of the note”
- The note now appears as the note of the physician. Contributions of the student can be seen by using the “hover” function

University of Alabama-Birmingham

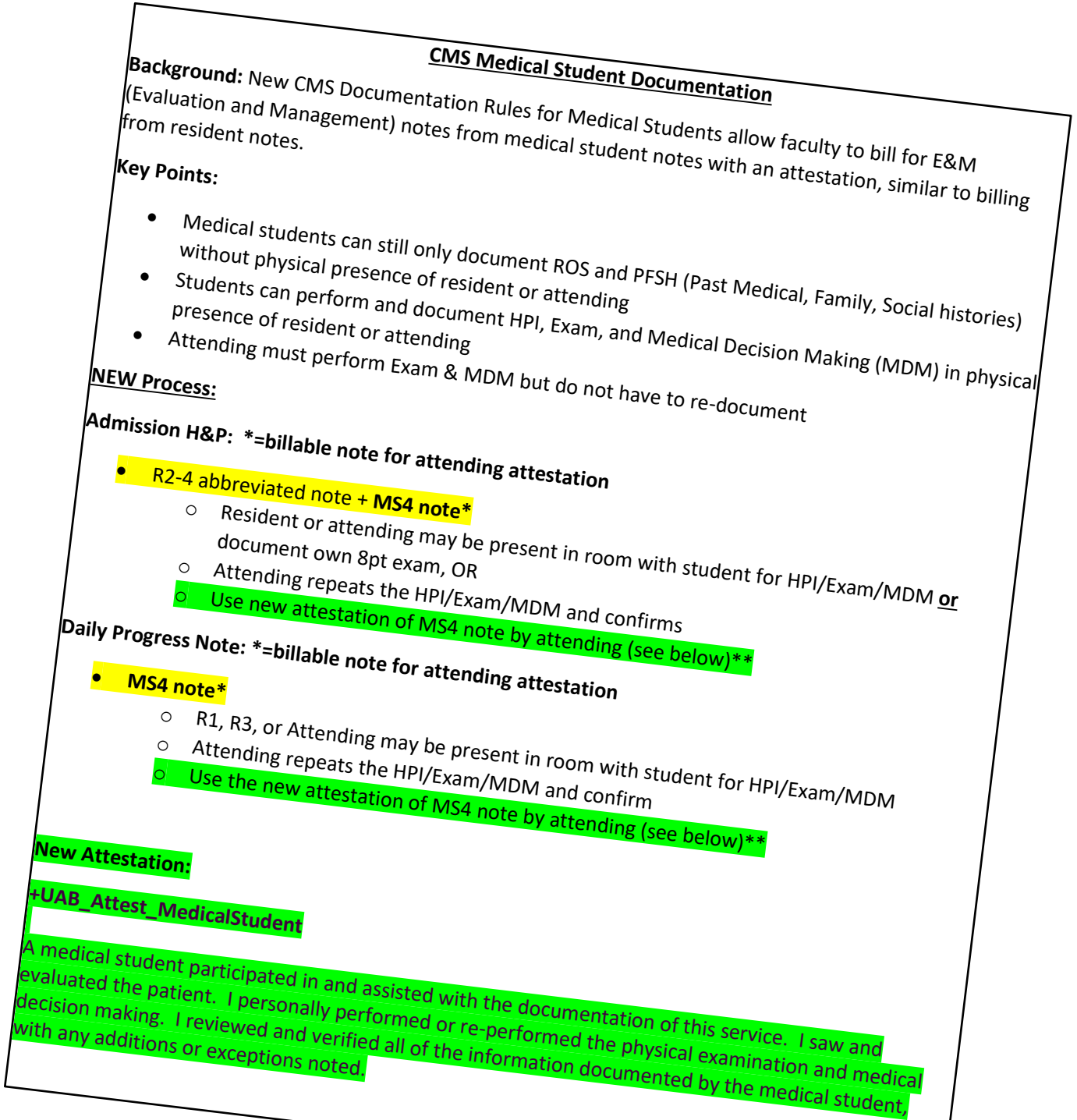
1. Clerkship directors & me (residency PD, VC-E)
2. Compliance officer
   - Vice Chair clinical
3. Billing office (told, didn't ask)
4. Chair and faculty communication

Pilot

- 6 months
- AIs only
- General Medicine services
- Email each month to faculty starting service
- Brief educational summary (1-pager)

Tips for success

- Compliance officer supportive
- Attestation perfected
- Start small, go slow
- Make life easier for faculty and residents, not more confusing



CMS Medical Student Documentation

Background: New CMS Documentation Rules for Medical Students allow faculty to bill for E&M (Evaluation and Management) notes from medical student notes with an attestation, similar to billing from resident notes.

Key Points:

- Medical students can still only document ROS and PFSH (Past Medical, Family, Social histories) without physical presence of resident or attending
- Students can perform and document HPI, Exam, and Medical Decision Making (MDM) in physical presence of resident or attending
- Attending must perform Exam & MDM but do not have to re-document

NEW Process:

Admission H&P: *=billable note for attending attestation

- R2-4 abbreviated note + **MS4 note***
  - Resident or attending may be present in room with student for HPI/Exam/MDM **or** document own 8pt exam, OR
  - Attending repeats the HPI/Exam/MDM and confirms
  - Use new attestation of MS4 note by attending (see below)**

Daily Progress Note: *=billable note for attending attestation

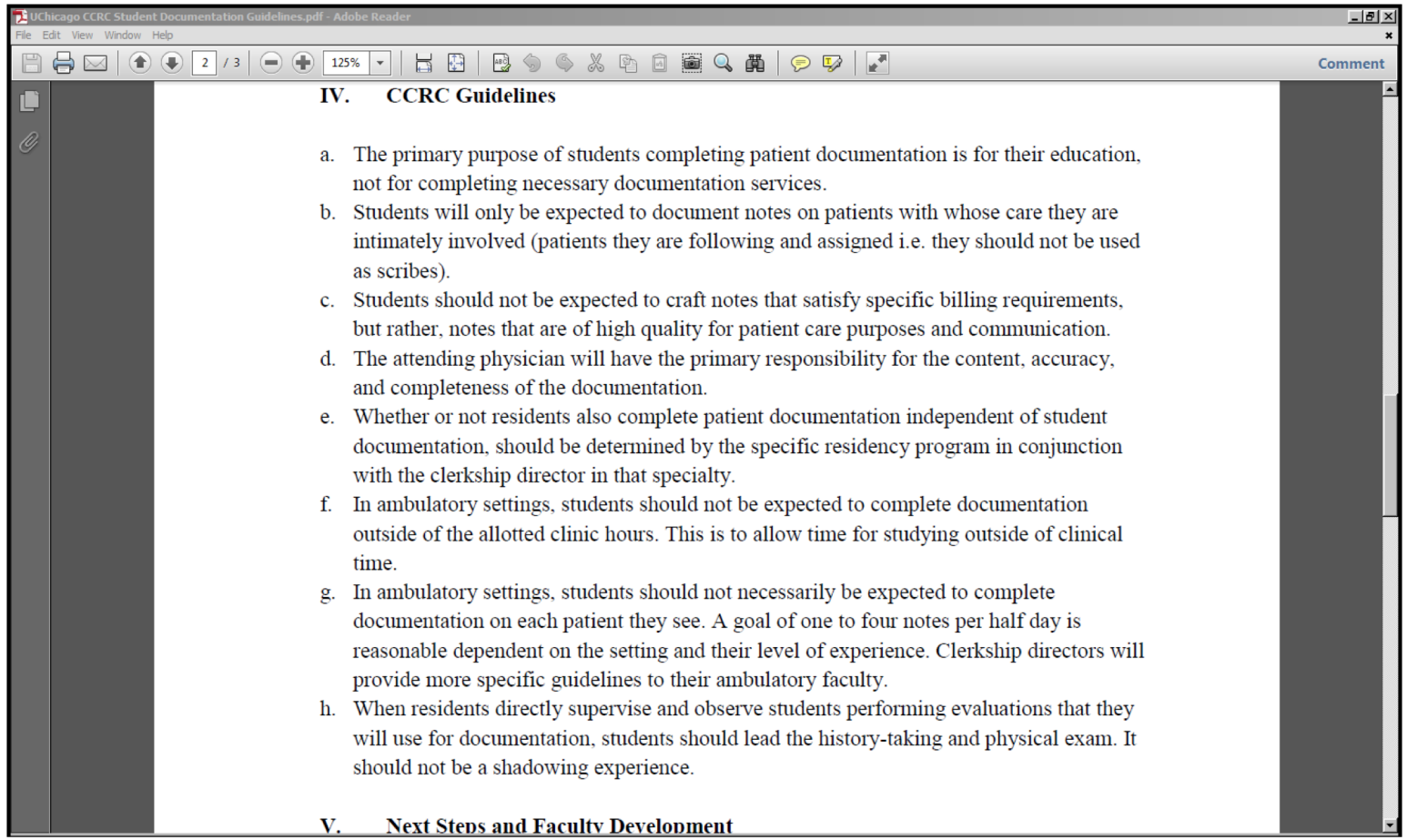
- **MS4 note***
  - R1, R3, or Attending may be present in room with student for HPI/Exam/MDM
  - Attending repeats the HPI/Exam/MDM and confirm
  - Use the new attestation of MS4 note by attending (see below)**

New Attestation:

+UAB_Attest_MedicalStudent

A medical student participated in and assisted with the documentation of this service. I saw and evaluated the patient. I personally performed or re-performed the physical examination and medical decision making. I reviewed and verified all of the information documented by the medical student, with any additions or exceptions noted.

University of Chicago-Service versus Education



University of Chicago-Service versus Education

- Positive Educational implications for students thus far
- Note feedback has increased
- Ambulatory faculty giving too many notes at first
- Constant reminders needed for residents
- Plans to look at impact on amount of notes written and nighttime note writing (pajama time)

Other-ALL Comment

- Stage of learner
- Different campuses/settings
- EMR

Pair up and work on action plan

- Give hand outs