New CMS Guidelines for Medical Student Documentation: Next Steps and Collaborations

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Objectives

- Raise awareness of collaborative processes that CDIM/AAIM have been involved in related to advocacy for student documentation/EMR and CMS billing changes
- Describe new CMS guidelines
- Discuss potential barriers and solutions in health system adoption of new guidelines
- Discuss educational/curricular implications to allow medical students to fully benefit

The Story- “We ARE better TOGETHER”

Volume 1
1995-2018


Preceptorship Expansion Project
AANP
AAMC
CAFM
PAEA
AHEC
STFM
CDIM
Internal Medicine Education Advisory Board (IMEAB)
AAMC
ABIM
SGIM
ACP
AAIM
SHM
RRC - IM
ACGME
AMA
ACOI
Alliance for Clinical Education (ACE)
CDIM
ACOG
ASDMSEP
ASE
STFM
COMSEP
AAN
CDEM
CDIM
ACGME
AMA
ACOI
Alliance for Clinical Education (ACE)

New CMS Ruling: E/M service documentation provided by students

“Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.”
Please stand if you are from an institution that has implemented these new guidelines.

Please stand if you are from an institution that has clearly decided they will not pursue implementation of these new guidelines (i.e. reasons given such as liability, EMR not capable, etc.).

Please stand if you are from an institution that is having active discussions about implementing these guidelines AND you know educators are part of the discussion.

Please stand if you are from an institution that is having active discussions about implementing these guidelines and not sure if educators are part of the discussion.

Please stand if you are from an institution and you there is no active conversation you are aware of regarding implementation of these guidelines.

Challenges regarding clarity of the guidelines:

Any contribution and participation of a student to the performance of a billable service …..must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing.
AAMC/Preceptorship Expansion Project: Clarifying questions to CMS: (sent 3-21-18):

- Appropriate Use of Physical Presence Requirement
- Resident Involvement
- Teaching Physician- ? PA/NP

AAMC/Preceptorship Expansion Project: Clarifying questions to CMS: Appropriate Use of Physical Presence Requirement

Please confirm that the TP can use appropriately edited student documentation to support an E&M charge if the student first performs the history and examination without the TP, then discusses the case with the TP outside the patient's room, they both return to see the patient where the TP verifies and re-performs the elements of the history, physical exam, and medical decision making services used to support an E&M charge.

In a slightly different scenario, the student does not always return to the room with the TP. When the student does not return, the TP has heard the full presentation by the student and always verifies student documentation in the medical record and personally performs or re-performs the physical exam, and medical decision making activities. Please confirm that in this scenario, the changes to the E/M Service Documentation Provided by Students apply.

AAMC/Preceptorship Expansion Project: Clarifying questions to CMS: Resident Involvement

Please see accompanying document for updated question to CMS related to resident involvement

AAMC “guidelines on preparatory steps” (3-12-2018)

- Determine in your organization who needs to be involved
- Are student notes considered part of the medicolegal record?
- Do students have appropriate access?
- Decide if change will apply to all or some medical students
- Have medical students been taught and assessed to write good notes?
- Consider implications for resident documentation
- How will you educate teaching physicians and residents?
- What is your timeline for implementation?
- What are your plans for monitoring compliance?

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Please stand if you are from an institution that does not allow student documentation in EMR in any form

Please stand if you are from an institution that only allows student documentation a “shadow” EMR

What do we know-

ACE survey of CDs in 8 specialties
— 64% used EMR
— 66% of those allowed student documentation
— Respondents were neutral on effect of EMR on student education

Hammoud et al TLM 2012

What do we know-

Survey of 79 “Education Deans”
— 90% felt student notes belonged in the EMR
— 93% felt education would be harmed if weren’t allowed to document in the EMR
— 50% no policy, 42% had a policy, 8% didn’t know

— Freidman et al, Academic Medicine 2010:85;1440-1444

What do we know-

Survey of 801 ambulatory preceptors (family medicine)
265 responded (33%)
— Majority provided students with access to EMR
— 33% logged students in via their password
— 11% gave students their login
— 21% logged students in
— 62.2% allowed students to write notes

— White et al, Academic Medicine 2017:92;1485-1490

CMS ruling on Medical Student Documentation

Medical Student Documentation in EMR

Medical Student Documentation Educational Implications (Clinical reasoning) (Entrustment) (Other)
What do we know-

LCME-“must prepare students for entry into GME” and “include specific communication skills…”

AAMC CEPAER-
“Document a clinical encounter in a patient record” (5)
“Giving and receiving a patient handover to transition care” (8)
“Entering and discussing orders” (4)

USLME 2 CS

ACGME core program requirements
“Maintain comprehensive timely and legible medical records”

What we know-

Educational value of writing notes
—Learn how to be interns (and beyond)
—Organize information
—Crystalize thinking
—Practice clinical reasoning
—Opportunity for feedback

Educational value of writing notes in the EMR
—Part of the team
—Increase sense of involvement
—Increase sense of responsibility/accountability

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Volumes 2, 3, 4………

- The roll out of the New CMS ruling
- EMR and Medical Students
  - Full access-how and when
- Note writing/educational pedagogy
- Other

Questions/Answers/Comments Discussion