



Helping to Make Students Important Members of the Team

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Plan for the session

Outline the problem

Offer solutions

Outline request to CMS



The Problem

**There are an inadequate number of
clinical teachers (preceptors)**

**Students are not learning needed
clinical skills**



More Details about the Problem

There are an inadequate number of clinical teachers (preceptors)

- Increased demands to see more patients
- More learners seeking clinical opportunities
- Increased administrative burdens – especially around documentation



More Details about the Problem

- In a survey of preceptors in January 2018, just under 92% indicated that allowing students to help more with documentation would save them administrative time after clinic. **The bulk of respondents (48.3%) said they would save between 31-60 minutes per half-day session, and an additional 30% would save up to 30 minutes per half-day session.**
- Respondents reported that it would:
 - save them administrative time,
 - enable them to spend more time teaching,
 - allow them to consider precepting additional students,
 - help them enjoy the practice of medicine more, and
 - allow them to spend less time outside of patient care hours finishing their charts.



More Details about the Problem

Students are not learning needed clinical skills

- Clinical teachers do not have the time to teach
- Students no longer a central part of the team in part because of current regulations
- Many systems do not allow students access to the Electronic Health Record



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2017 Summit



American Board of Family Medicine

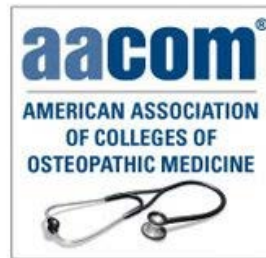


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Solutions

More Preceptors and Better Education

1. **Work with CMS to revise student documentation guidelines**
2. **Integrate students into the work of ambulatory primary care settings in useful and authentic ways**
3. **Integrate interprofessional/interdisciplinary education into ambulatory primary care settings**



Work with CMS to revise student documentation guidelines



Survey of Preceptors

January 2018

Students helping with documentation could save them
1-2 hours per day!



Positive initial response from CMS

This revision to Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, B. E/M Documentation Provided by Students, **allows the teaching physician to verify* in the medical record any student documentation of components of E/M services, rather than re-documenting the work**

*Verification is done by personally performing (or re-performing) the physical exam and medical decision making activities of the E/M service being billed.



- **Great news for clinical teachers (preceptors)**
 - » Need to be physically present to verify and re-perform history, physical, management
- **Issues where we need further help from CMS**
 - » Can residents use student documentation?
 - » Can NP and PA student documentation be used by a physician, NP, PA?
 - » Can NP and PA use documentation from a medical student, NP student, or PA student?



Integrate students into the work of ambulatory primary care settings in useful and authentic ways



Students need to become essential members of the team

- Helping with Documentation
- Patient Education and Coaching
- Quality Improvement Projects



**Integrate
interprofessional/interdisciplinary
education into ambulatory primary
care settings**



Working with multiple learners can work...and is better

- Move away from the one on one preceptor student model
- The practice and not the preceptor is the teacher
- Different learners have powerful things to teach each other



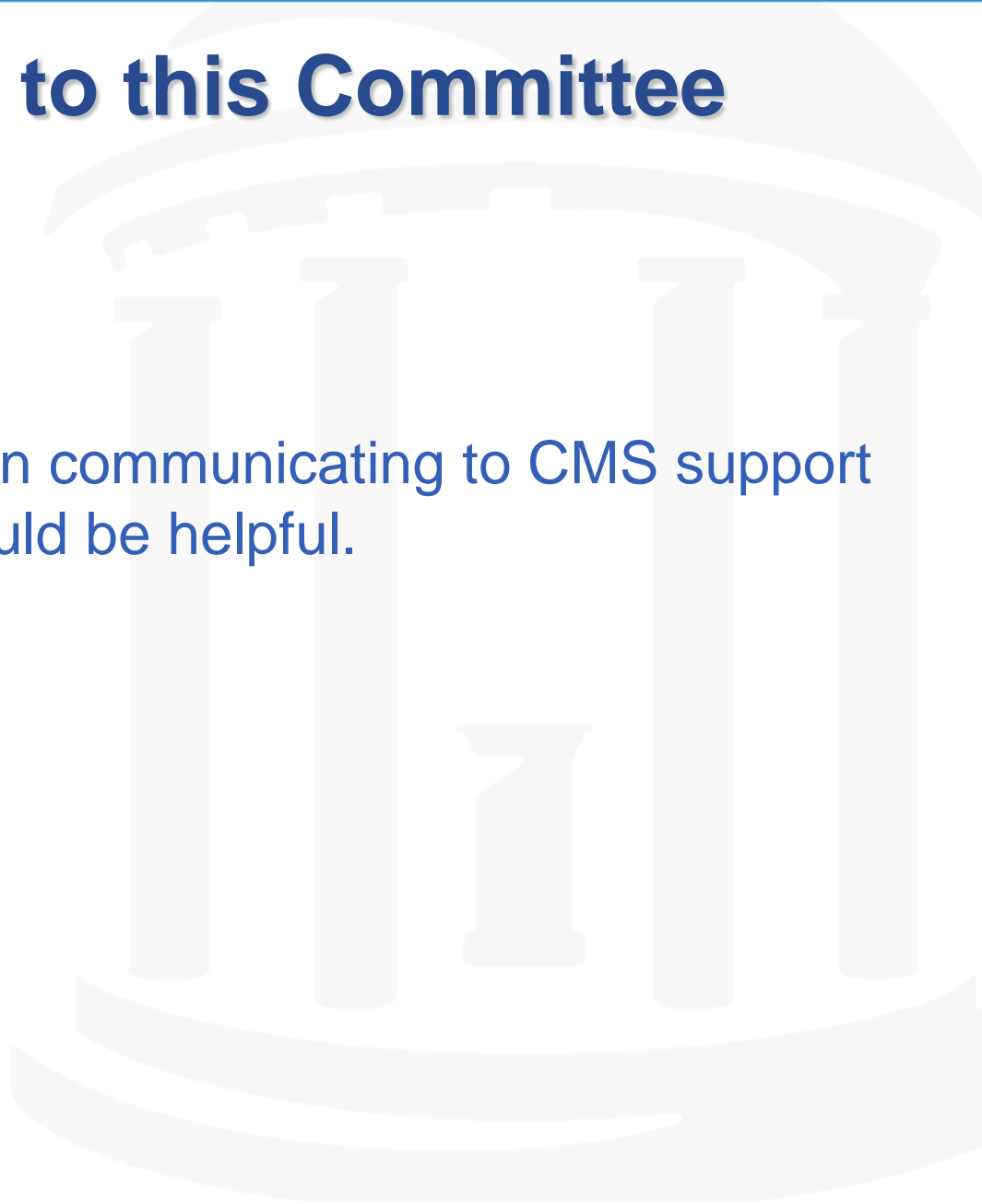
Our Request to CMS

- **Allow student documentation to be used by the resident**
 - » without redocumenting and subsequently allow the teaching physician to use the residents' note. Allow use of the student note as part of the primary care exception when the teaching physician isn't attesting to the physical presence.
- **Allow the notes of NP and PA students to be used by the teaching physician**
 - » Claims manual 104c12 pdf page152 defined a student as an individual who participates in an accredited educational program (e.g. a medical school) that is not an approved GME program. This should mean that NP and PA students should be considered students under the teaching physician rule.
- **Allow NP and PA who precept student to use the students' note in documentation**
 - » This will likely require rule making that deems an NP and PA a teaching physician for this purpose This is particularly important with the emphasis on team based care



Our Request to this Committee

Action by this Committee in communicating to CMS support of our continued goals would be helpful.





Questions?