

## Making Medical Student Documentation Count in 2020

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### ABSTRACT

The recent changes to expand the permissible scope of medical student documentation draw ample parallels to historical efforts to increase the clinical role of medical learners. While the expanded role of medical student documentation holds the potential for increased community preceptorship and enhanced medical student participation in patient care, it also comes with possible consequences for preceptors, students, and patients. The authors posit that while the rule changes represent important steps forward, further guidance around how these rules are to be implemented will be necessary before the healthcare system can reap their full benefit.

**KEYWORDS:** undergraduate medical education, documentation, preceptorship, practice patterns, physicians, medical students

As of January 1, 2020, the Centers for Medicare and Medicaid Services (CMS) formally expanded the range of services eligible for documentation by medical students, physician assistant (PA) students, and advanced practice registered nursing (APRN) students.<sup>1</sup> The 2020 Medicare Physician Fee Schedule (MPFS) will build upon the foundation laid in February 2018 with Transmittal 3971, which states, "Students may document services in the medical record...The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M [Evaluation and Management] service being billed but may verify any student documentation...rather than re-documenting this work."<sup>1</sup> In addition to E/M services, students will also be able to document procedures and diagnostic tests. Furthermore, any preceptor (MD, PA, or APRN) may attest to the documentation provided by a student of any training specialty; a PA preceptor, for example, is not limited to attesting to only PA student documentation, but can also attest to MD or APRN student documentation.

This change in CMS policy, advocated by the American Association of Medical Colleges (AAMC) and the Society of Teachers for Family Medicine (STFM), was proposed to positively impact medical student preceptors by alleviating documentation burden.<sup>3</sup> This is particularly true for community-based preceptors who carry large patient panels in addition to teaching.<sup>4</sup> In fact, a survey of community preceptors conducted by the STFM found overwhelming support for expanding medical student documentation capabilities. Preceptors estimated the use of medical student documentation for billing purposes would save them up to one hour per half day of precepting.<sup>5</sup>

**The 2020 MPFS changes are in line with CMS' "Patients Over Paper-work" initiative.**

The 2020 MPFS changes are in line with CMS' "Patients Over Paperwork" initiative. The broad flexibility in the 2020 MPFS student documentation regulations aim, first and foremost, to reduce a widely recognized "note bloat" that is present in the Electronic Health Record (EHR). By allowing the attestation of student notes, duplicative documentation is reduced, allowing for a less cluttered and easier to use EHR, and in theory, increasing precepting time, rather than rewriting student notes. These two outcomes ultimately benefit both patients and providers who are working to provide high quality care.

Until the introduction of the aforementioned changes, medical student documentation use for billing purposes was limited to social history, family history, and the review of systems. This limitation resulted in teaching physicians rewriting all of the notes written by medical students to personally document the billable components of an E/M service, including the history of the present illness, the physical exam, and the medical decision making. Merging the expanded documentation afforded by medical students with their advanced roles in the healthcare system appears to be a win for all. This transmittal appropriately recognizes the value that medical students bring to health care while incentivizing teaching physicians to take on student learners.

### Documentation in medical education over the years

The inclusion of the rule change in the finalized 2020 MPFS is critically important to its implementation. To fully understand why official codification was a crucial development, it is important to understand the more distant history of documentation in medical education, specifically with regard to resident physicians. Throughout its history, CMS has been ambivalent as to the value learners bring to the health care system. Despite Medicare funding Graduate Medical Education (GME) since 1965, regulation of the integration of resident education into patient care was largely ignored in the first three decades of Medicare's existence. A 1986 report from the United States General Accounting Office (GAO) called on the Health Care Financing Administration (HCFA; CMS' predecessor) to clarify the vague regulatory criteria undergirding teaching physician documentation for the billable components of the E/M encounter because they "[did] not spell out what documentation [was] considered appropriate to substantiate entitlement to Medicare fee-for-service reimbursement."<sup>6</sup>

In answering the call for clarity, CMS issued the *Medicare Physician Fee Schedule* (MPFS). First released in 1996, the MPFS annually updates regulations that govern which services are reimbursable under Medicare. It was not until the 1996 MPFS that CMS addressed, for the first time, how attending physicians engaged in the teaching of residents could bill for their work. The 1996 MPFS stated that, in order to bill for services rendered and documented by residents, the teaching physician had to be physically present for the key components of the encounter and that their presence had to be adequately documented. Perhaps more tellingly, the preamble to the 1996 MPFS stated there was no medical student contribution to documentation that could be used for billing.

Students were not mentioned by CMS again until 2002, when Transmittal 1780 was issued. Transmittal 1780 officially defined what a "medical student" was and what their limited contribution to E/M services documentation could be – documenting the review of systems, family history and social history. The teaching physician still had to re-document the rest of the patient encounter. There was hope, however, that the ambivalence of CMS towards medical student teaching abated in 2018 with Transmittal 3971 which provides for the expanded use of medical student notes for documentation and billing purposes. While the changes to medical student documentation are welcomed by many, some concerns remain with regard to their implementation.

The codification of the 2018 transmittal in the 2020 MPFS presents important opportunities for increased community preceptor participation in academic medicine, more meaningful student contributions to patient care, and decreased note bloat. However, there are important potential unintended consequences. Preceptors may be tempted to use medical students as they would residents or even advanced practice clinicians with respect to the workload students are expected to take on. This presents both the opportunity for students to flourish in a more demanding clinical atmosphere, and also the opportunity for increased student burnout as they become the principle documentarians of patient encounters. Another possibility is that students may be treated more as medical scribes than as learners. The roles of medical student, medical scribe, and employee have the potential to blur in ways that could be detrimental to both learner and patient wellbeing.<sup>7</sup>

Additionally, while maximum flexibility is widely desired with respect to documentation, particularly in team-based, ambulatory settings, not requiring a teaching physician to write a note might compromise patient care and documentation accuracy. In response to these concerns, CMS stated explicitly that they believe it is most in line with the goals of the regulation to allow maximum flexibility in documentation and, ultimately, it is the responsibility of the preceptor, regardless of their credentials, to ensure that documentation is accurate and that patient care is not compromised.

### Further clarification needed

In a similar fashion to the confusion around resident documentation in the 1980s and 1990s, the question of the teaching physician's physical presence is a potential limiting factor in the applicability of the upcoming 2020 MPFS rule change. If, in fact, a preceptor needs to be physically present while a medical student takes a history, this would not alleviate the burden on teaching physicians. Instead, it would perpetuate the burden and may serve as a disincentive for teaching physicians to precept medical students. Clarification, published in the final 2020 MPFS response to public comments, confirm that a teaching physician's presence for all billable services is required for reimbursement. It remains unclear whether medical students presenting to the teaching physician with the patient present would meet the standard of "physical presence." Further clarification has also been requested with respect to how this rule change could be implemented when students work with residents.

Allowing medical student documentation to count within

the medical record is a welcome step forward in acknowledging the value of students within the healthcare system. In order for the potential of the final 2020 MPFS rule change to be fulfilled, further consideration from CMS is needed with regard to the requirement that a physician be present for all billable services. Additional concerns arise with respect to the potential unintended consequences for both students and patients. This will require close monitoring. Until such time, the authors remain cautiously optimistic that the final 2020 MPFS represents a movement forward in the context of the “Patients Over Paperwork” initiative.

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