

September 27, 2019

Comment on (CMS-1715-P) CMS-2019-0111: Medicare Program: CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies

The American Association of Colleges of Osteopathic Medicine (AACOM) appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services (CMS) proposed rule, the *CY 2020 Medicare Physician Fee Schedule*.

AACOM leads and advocates for the full continuum of osteopathic medical education (OME) to improve the health of the public. Founded in 1898 to support and assist the nation's osteopathic medical schools, AACOM represents all 35 accredited colleges of osteopathic medicine (COMs)—educating nearly 31,000 future physicians, 25 percent of all U.S. medical students—at 55 teaching locations in 32 U.S. states, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems.

A well-trained physician workforce is essential to ensuring that Medicare beneficiaries and all Americans have access to high-quality health care, which is why COMs have a standing commitment to and focus on training primary care physicians. This mirrors the special commitment osteopathic physicians have in providing primary care, particularly to the nation's rural and underserved populations. In fact, according to the most current available data, 32 percent of graduates from COMs indicated their intent to specialize in primary care disciplines.

With a looming primary care physician shortage on our nation's horizon, AACOM is encouraged by CMS's continued focus on reducing administrative burdens and strongly supports the agency's Patients over Paperwork Initiative. Today, primary care physicians continue to be overburdened by administrative functions at and after patient care. According to the Medical Economics' 89th Physician Report, the largest problem plaguing primary care is paperwork burden with 79 percent of respondents ranking it as their top challenge.¹ It has also been well documented that excessive administrative tasks diverts time and focus from patients possibly preventing patients from receiving timely and appropriate care or treatment; adds unnecessary costs to the nation's health care system; leads to greater physician stress and burnout; and ultimately keeps physicians from entering or remaining in primary care.²

AACOM would like to provide the following suggestions to help ensure CMS does not inadvertently increase administrative burdens moving forward.

Physician Supervision for Physician Assistant (PA) Services (Section II.I.)

Currently, clinicians do not need to “re-perform” history obtained by the nurse/MA/LPN, and even the resident in particular situations. Review of work done by other members of the care team should

¹ <https://www.medicaleconomics.com/physician-report/90th-annual-physician-report-top-nine-issues-facing-primary-care>

² <https://annals.org/aim/fullarticle/2614079/putting-patients-first-reducing-administrative-tasks-health-care-position-paper>

be sufficient, and AACOM requests that CMS clarify that the need to perform or re-perform is limited to oversight of student documentation (in all of these disciplines), not for the work of all members of the care team.

Review and Verification of Medical Record Documentation (Section II.J.)

AACOM recommends that CMS strike “verify” and include language on page 40548 to address any potential confusion regarding the agency’s intent of the term in the proposed rule. AACOM has provided the below suggested text in red.

*Specifically, to reflect our simplified and standardized approach to medical record documentation for all professional services furnished by physicians, PAs and APRNs paid under the PFS, we are proposing to amend §§ 410.20 (Physicians’ services), 410.74 (PA services), 410.75 (NP services), 410.76 (CNS services) and 410.77 (CNM services) to add a new paragraph entitled, “Medical record documentation.” This paragraph would specify that, when furnishing their professional services, the clinician may review ~~and~~ **verify** (sign/date) notes in a patient’s medical record made by other physicians, residents, nurses, students, or other members of the medical team, including notes documenting the practitioner’s presence and participation in the services, rather than fully re-documenting the information. **The clinician should verify by performing or reperforming services identified in notes made by a student.** We note that, while the proposed change addresses who may document services in the medical record, subject to review and verification by the furnishing and billing clinician, it does not modify the scope of, or standards for, the documentation that is needed in the medical record to demonstrate medical necessity of services, or otherwise for purposes of appropriate medical recordkeeping.*

Thank you for the opportunity to share our views. If you have any questions or require further information, please contact Mary-Lynn Bender, Interim Vice President of Government and Public Relations, at 202-844-4220 or mlbender@aacom.org, or Julie Crockett, Senior Federal Regulatory Affairs Manager, at (202) 844-4231 or jcrockett@aacom.org.