  
**Physician Documentation  
& Medical Student Notes**

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**Agenda**

- Introduction & Background
- The Student's Role in Documentation
- Developing a Policy
- Keys to Successful Implementation
- Education
- Post Implementation
- Q&A



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**The Student's Role**

Do your students scribe?

Do medical students document in your medical record?

Do you have a paper or electronic health record?



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## CMS Rules: Student Documentation

### Medicare Claims Processing Manual:

- Students may document services in the medical record
- The teaching physician may refer to the student's review of systems (ROS) and past/family/social history (PFSH) for billing purposes



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## CMS Rules: Physician Documentation

### For Billing Purposes:

- The teaching physician may NOT refer to the student's documentation of the history of present illness (HPI), physical exam (PE) or medical decision making (MDM)
- The teaching physician must personally perform and document the HPI, PE and MDM



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## Scribing

### Scribe Definition:

"A scribe writes down or types exact dictation by the provider. Scribe documentation cannot include any observations or any independent thought by the scribe."

### Direction from the Medical School Dean:

"Scribing is not educational for medical students."



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## Developing Policy

- Engaged Leadership
- Workgroup Tasked to Draft New Policy
- Considerations
- Policy Drafted and Vetted
- Approval by Board



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## Developing Policy: Workgroup

- Physician Representation from Departments that Allow Students to Document in the Medical Record (Peds, Internal Med, etc.)
- Faculty Group Practice
- Professional Billing & Compliance
- Legal
- Associate Dean for Graduate Medical Education
- Medical Student Education
- Health Information Management Leadership



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## Developing Policy: Considerations

- Compliance with CMS Documentation & Billing Requirements
- Quality of Medical Student Education
- Managing Increased Physician Workload
- Managing Resident 80 Hour Work Week
- Quality of Medical Record as it Relates to Continuity of Care



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## Policy Approved by the Board

- Medical students will continue to write notes in the medical record to enhance their education
- Medical student may NOT act as “scribes”
- An Attending or House Officer must personally perform and document the billable service



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## Keys to Successful Implementation

- Faculty Leadership
- Development of Operational Flow
- IT System Changes - Managing within the Constraints of the Electronic Medical Record
- Role-Based Education – Faculty, Residents, Med Students, Billing and Coding Specialists



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## Steps of Implementation Process

1. Implementation Task Force
2. Process Flow Development by HIM, IT and Billing Compliance
3. Flow Presented to Physicians for Feedback, Buy-in, etc.
4. System / Technical Changes Initiated
5. Communications / Education



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# Implementation Timeline

- Policy Approved 2/08
- Start Date 5/12/08 – Corresponds with 3<sup>rd</sup> Year Med Student Start Date
- Communication and Education
  - Communication began early April
  - Education began mid-April
  - Demos in test environment
- IT Modifications – “turned on” 5/11/08




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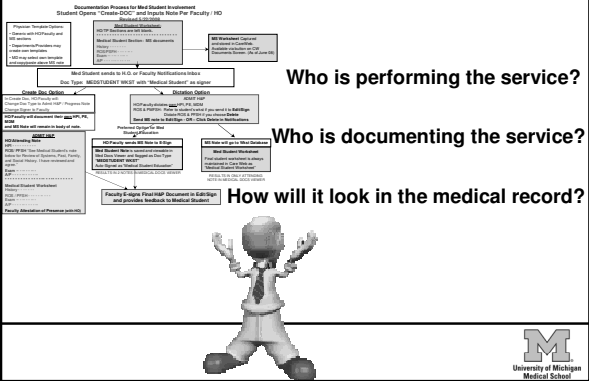
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# Process Flow Development




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# Student Note 3 Box Model

**1 note - 3 sections**

Student note:

HO note:

Attending note:

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# Medical Record Modifications

To Facilitate Med Student Documentation in Medical Record:

- Doc Type – Medical Student Worksheet
- Student Signature Line
- Template Options

The screenshot shows a medical record system interface with the following fields and options:

- Medical Docs | Legal & Consents | Inpatient Docs | Create Docs | Discharge Navigator
- Patient: Page# 00000390, Name: COR, TEST/NAME, DOB: 07/08/1955, Sex: F, Age: 72 Years, User Name: EST/ANNY
- Department: \* TEST, Service: \* TEST, Doc Type: \* (MED)STUDENT Wkst
- Super ID: \* 00000, Find, EDUCATION, MEDICAL, Review ID: Find
- Case Date: \* 04/01/2020, Today, Find, Priority: Select Priority - Not Required, Indicate Call Status: Select Status - Not Required
- Document Type: Append/Attach, No Templates, Refresh Data Table
- Special Check
- Template: (Topic): Admission History and Physical, V: 1.0

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# Communication

Communication from the Billing Compliance Medical Director to Introduce Policy and Outline the Implementation and Education Plan

- Faculty
- House Officers
- Medical Students
- Administrators
- Billing Units
- Health Information Management




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# Education

- Faculty Grand Rounds
- Department Administrator Meeting
- Hospital-wide Q&A Sessions
- Med Student Education Sessions
- Coder/Biller Education with Documentation Examples




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## Education & Communication Tools

- Laminated Cards with Detailed Instruction
- Website with Information
- Billing Compliance Newsletter
- Other Health System Newsletters
- Announcement Banner When Signing into the Medical Record




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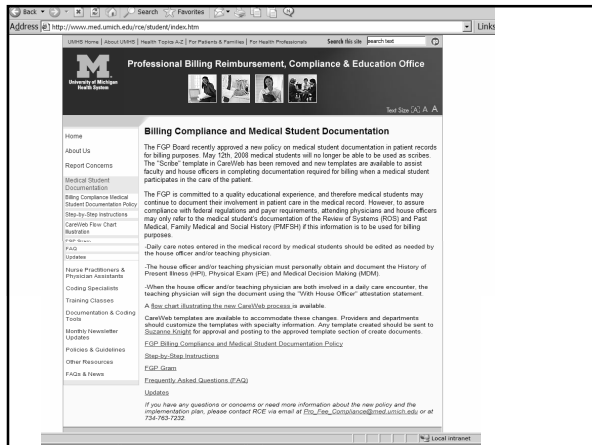
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## Post Implementation

- Audit of Process
- Ongoing Education
  - Physician Inpatient Rotations
  - House Officers
  - New M3s (Annually in April) and M4s
  - Coders
- Physician Questionnaire - Feedback
- Policy Workgroup Reconvened to Discuss Feedback




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## Audit of the Process

- 100% Review of Inpatient Services by Coders
- Sample of Services with Documentation Initiated by a Student (even if student note deleted from Medical Documents Viewer)
- Report Shared with Policy Committee, Department Chairs, Billing Unit Directors, Compliance Officers



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## Audit of the Process

- Documentation Option Used
- Compliant Template Format
- Correct Doc Type and Signer
- Appropriate Attestation of Presence by Teaching Physician
- Only the Physician's Note was Used to Support Billing
- The Physician Did Not Copy/Paste the Student's Note



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## Physician Feedback

1. *In the new system, are you A) more, B) equally, or C) less likely to read the students' notes?*
2. *In the new system, are you A) more, B) equally, or C) less likely to give feedback to the students on their notes?*
3. *What could be modified in the new system to make it more efficient and effective while maintaining compliance with the policy?*



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## Evaluation of the Process

1. Are We Accomplishing Our Goals?

- Compliance with CMS
- Supporting Student Education
- Quality Documentation

2. What Would Improve the Process?

- Template & Medical Record Modifications
- Facilitate Teaching



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