Monday Memo – February 5, 2018

Medical Student Teaching

Hot off the presses: The Society of Teachers of Family Medicine announced today that the Centers for Medicare and Medicaid (CMS) has released a revised transmittal, Pub 100-04 Medicare Claims Processing Manual, which “allows the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than redocumenting the work.”

The revised guideline, with an implementation date of March 5 (changes highlighted in red): “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.”

How Did This Change Come About? In spring of 2017, the Tactic 1 team of the interprofessional, interdisciplinary Precepting Expansion Initiative was charged with working with CMS to revise student documentation guidelines that limited the student documentation role for billing purposes to review of systems and/or past family/social history and prohibit teaching physicians from referring to a student’s documentation of other parts of the history, physical exam findings, or decision-making. The team and others invested in the outcome created a one-page request that was vetted by several organizations. Members of the team then met with CMS in December 2017, providing arguments in favor of the change and proposing revised transmittal language. CMS requested data to quantify the amount of time this change would save in a preceptor’s clinical visit. The tactic team created a survey, which received 1,900 responses in 11 days, and sent the data to CMS on January 24. CMS released the revised transmittal on February 2.

Graduate Medical Education

Our HealthAlliance/Fitchburg Family Medicine residency is pleased to announce that it has successfully filled its three positions that were offered through the match sponsored by the American Osteopathic Association for this summer’s incoming residents. Incoming residents include:

- Constance Cammarata, DO, Lake Erie College of Osteopathic Med-Bradenton
- John O’Brien, DO, West Virginia School of Osteopathic Medicine
• Amanda Pierce, DO, University of New England College of Osteopathic Medicine

The Fitchburg residency is dually accredited by the AOA and the ACGME. Its remaining two positions for MD candidates are listed with the National Resident Matching Program. We’re looking forward to hearing those results in mid-March.

Awards and Recognition

• Carole Upshur is being recognized this month by the Society for Behavioral Medicine for being one of the top 10 reviewers in terms of quality, responsiveness and number of reviews in 2017 for the journal: *Translational Behavioral Medicine*.

Publications

• Hugh Silk and Amber Sarkar had prose published in UMass's new literary journal, *Streams of Consciousness*; [https://escholarship.umassmed.edu/soc/](https://escholarship.umassmed.edu/soc/). Lisa Gussak has photographs published in the same on-line journal. *Streams of Consciousness* is a collaborative project that aims to allow students in the School of Medicine, Graduate School of Nursing, and Graduate School of Biomedical Sciences, as well as residents, faculty, and other members of the UMass Medical School community, to channel their experiences through works of poetry, prose, and photography.

Epic Notes

Updates from the recent Grand Rounds by Dave Gilchrist on Epic:

1) **Referrals Notifications**: An email went out to our referrals and ambulatory project team members to see if they have any insight about an easier workflow.

2) **How do I Add On Labs?**: here is a pretty good job aid on faxing add on labs.

3) **Why is there a Pregnancy/Lactation status showing up inappropriately**: Kathee Liang opened up a tickets for Dr. Roberts to address this issue.

4) **How do I do Rx Routing to correct provider**: It looks like if you use Refuse and Route, it gets sent as an Rx Response message, which does not have the same “Approve, Edit, Refuse&Route buttons”. Instead, providers can use a **QuickNote** (which may be under the “more”) to route the message to the appropriate provider. If sent as a QuickNote, the system will default to “Rx Request” so they can have the appropriate action buttons, but the user also has the option to change it to a different In Basket message type.

5) **What is the easiest way to print out camp/school form so provider does not need to answer questions?**: Use the ambulatory school/camp form and the MA can populate the fields much like you could have them fill out the paper version after printed. You ultimately can change the responses as you see fit but the medical staff can fill it out.

Just a reminder that there are ongoing webinars and past webinars that you can view on OurNet at Epic Central.
WELLNESS MOMENTS FOR THE MONDAY MEMO
From Hugh Silk, FMCH Wellness Committee member:

Wellness is something that takes constant reflection and fostering. Technology can be beneficial to help remind one to do daily wellness practice yet can also be a hindrance if it is too complicated or obtrusive. Recently, I downloaded the **Health Matters Limeade app** that UMassMemorial offers all employees. This wellness platform has many options for an individual to choose from. I usually despise technology as it relates to wellness - seems like a potential oxymoron. However, I have found this one helpful.

I personally use the daily check-in around taking deep breaths for calmness, recording my sleep quality, and having lunch with office mates at least once a week (all goals I set for the year anyhow). It is a personal monitoring system really. And for UMass employees, when you get to 1000 points, you get $300 to spend on health related activities and supplies. Bonus! ([www.yourwellnessmatters.org](http://www.yourwellnessmatters.org))

For those who are **not UMass employees**, check out these options; also may be good for some patients…From a study of the Best Apps and Web Tools for Physicians to Prevent Burnout and Stress in American Psychiatry. They recommended these 7 resources:

**Breathing**

**Meditation**
- **Headspace**: a mobile app that guides users through meditation sessions, which has been shown to reduce depressive symptoms ([https://www.headspace.com/](https://www.headspace.com/)). (Editorial: I have used this and like it!)
- **Guided audio files from the University of California San Diego**: Online resources with guided meditation audios that include mindfulness-based stress reduction, which have been shown to improve mental well-being

**Cognitive Behavioral Therapy**
- **MoodGYM**: an online 5-week cognitive behavioral therapy program proven to decrease suicide ideation in medical interns ([https://moodgym.com.au/](https://moodgym.com.au/))
- **Stress Gym**: an online program that includes 8 modules and step-by-step stress management guides ([http://www.depressiontoolkit.org/stressgym/](http://www.depressiontoolkit.org/stressgym/))

**Suicide Prevention**