Regional Academic Affairs

TITLE: Ambulatory Teaching Physician Resident Supervision	POLICY NUMBER:	S-38
DEPARTMENT: Graduate Medical Education	Effective Date:	03/08
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PURPOSE:

This policy governs the responsibilities of residents/fellows ("residents") and supervising physicians. It provides the procedural requirements pertaining to supervision of residents focusing on resident supervision from an educational perspective. It ensures compliance with Accreditation Council for Graduate Medical Education (ACGME), CPME (Council for Podiatric Medical Education) or other applicable accrediting organizations and outlines responsibilities for Physicians at Teaching Hospitals (PATH) as outlined by the Office of the Inspector General (OIG).

Supervision is an intervention provided by a supervising practitioner also referred to as faculty or teaching physician to a resident. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the resident, and role modeling.

BACKGROUND:

In a health care system where patient care and the training of health care professionals occur together, there must be a clear delineation of responsibilities to ensure that qualified practitioners provide patient care. As resident acquire the knowledge and judgment that accrue with experience, they are allowed the privilege of increased authority for patient care.

The Mercy Health – St. Vincent Medical Center (MSVMC) follows the institutional requirements of the ACGME, the Council on Podiatric Medical education (CPME) and other accrediting and certifying bodies. Accrediting bodies require that the Residency/Fellowship Program Directors and faculty are responsible for providing residents with direct experience in progressive responsibility for patient management. The process of progressive responsibility is the underlying educational principle for all graduate medical and professional education, regardless of specialty or discipline. Supervising clinician educators involved in this process must understand the implications of this principle and its impact on the patient and the resident.

MSVMC must comply with the institutional requirements and accreditation standards of The Joint Commission (TJC) and other health care accreditation bodies. Qualified health care professionals with appropriate credentials and privileges provide patient care and provide the supervision of residents.

The intent of this policy is to ensure that patients are cared for by clinicians who are qualified to deliver that care and that this care is documented appropriately and accurately in the patient record. This is fundamental both for the provision of excellent patient cares and for the provision of excellent education and training for future healthcare professionals.

The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Incumbent on the clinician educator is the appropriate supervision of the residents as they acquire the skills to practice independently.

SCOPE

The provisions of this policy are applicable to patient care services for ambulatory outpatient care, and the performance and interpretation of diagnostic and therapeutic procedures.

Supervising practitioners are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and each resident who is participating in the care of that patient. Each patient must have a supervising licensed independent practitioner whose name is identifiable in the patient record. Other supervising practitioners may at times be delegated responsibility for the care of the patient and the supervision of the residents involved. It is the responsibility of the supervising practitioner to be sure that the residents involved in the care of the patient are informed of such delegation and can readily access a supervising practitioner at all times.

Each training program is constructed to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.

Each participating site must adhere to current accreditation requirements as set forth by the ACGME/ CPME or other applicable accrediting organization.

In order to ensure patient safety and quality care while providing for an optimal educational experience of the resident in the ambulatory setting, it is expected that an appropriately credentialed supervising licensed independent practitioner is physically present during clinic hours.

POLICY

1. Outpatient Clinic Compliance Requirements:

a) Physical Presence General Requirement. The supervising practitioner must be physically present in the clinic area during clinic hours.

b) New Outpatient Encounters. New patients to a facility require a higher level of supervising practitioner documentation than other outpatients. Each new patient needs to be seen by or discussed with the supervising practitioner.

c) Outpatient Consultations. A supervising practitioner is responsible for clinical consultations from each outpatient clinic to another supervising practitioner within the local facility. When residents are involved in consultation services, the supervising practitioner is responsible for supervision of these residents.

d) <u>Continuing Care in the Outpatient Setting.</u> The supervising practitioner must be identifiable for each resident's patient care encounter. Return patients must be seen by, or discussed with, the supervising practitioner at such a frequency as to ensure that the course of treatment is effective and appropriate.

e) <u>Discharge from Outpatient Clinic.</u> The supervising practitioner, in consultation with the resident, ensures that the discharge of the patient from clinic is appropriate.

f) <u>Surgical Procedures:</u> A teaching physician must be physically present for the key components of the surgical procedure for it to be a billable service.

2. Teaching Physician

a) "Teaching physician" means a physician (other than a resident) who involves residents in the care of his/her patients.

b) "Resident" means an individual who participates in an approved graduate medical education (GME) program. The term includes interns and fellows in approved GME programs. A medical student is **never** considered a resident.

c) "Teaching setting" means any hospital-based provider setting that receives Medicare or Medicaid payment for the services of residents under the direct GME payment methodology.

d) "Student" means an individual who is enrolled in an accredited medical school or a physician assistant program.

A student is never considered to be an intern or a resident.

e) "Documentation" means notes recorded in the patient's medical records by a resident or teaching physician.

f) "Critical or key portions" means that part(s) of a service that is/are a critical or key part of the service.

g) In the context of (2.f) "Physically present" means that the teaching physician is in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service.

3. Primary Care Exception:

In a primary care office setting that is located in an Outpatient department of a teaching institution or an ambulatory care entity in which the time is spent by residents in patient care is included in determining the Direct GME payments to a teaching hospital, the "primary care exception", may be used when the following requirements are met:

Teaching physicians who submit claims under this exception must not supervise more than four resident learners at any given time and must direct care from such proximity as to constitute immediate availability.

The resident must have completed at least 6 months of training in a GME program.

During the time that the faculty is supervising residents in the Outpatient setting they may not be engaged in any other activities, including the supervision of other personnel.

Physician must have primary medical care responsibility for the patients care for by the residents.

Physician must ensure that the care provided is reasonable and necessary.

Faculty may not see any patients on their own and bill for those services while they are supervising residents.

The faculty physician must review the care furnished by the residents during or immediately after each visit. This must include the review of patient's medical history and diagnosis, the resident's findings on physical examination and treatment plans including labs and therapies contemplated.

Document the extent of the physician's participation in the review and direction of the services provided to each patient.

PLEASE NOTE THAT: "The primary care exception does not apply to Private physician offices and to specialty clinics"

Primary Care Exception Modifiers:

"GC": Patient physically seen by a teaching physician

"GE": Patient discussed with a teaching physician

In the first 6 months of residents training every patient seen by the resident in the ambulatory setting must be physically seen by the preceptor and appropriate documentation inscribed in the patient chart.

All visits in this category are to be billed under the "GC" Modifier.

Under the primary care exception the resident may provide the service and discuss the case with the faculty without the need for physical presence after the first 6 months of their training (based on competency) so long as the E/M code used ranges from a 99201-99203 for a new patient encounter or 99211-99213 for an established patient. For these codes a **"GE"** modifier must be used in the billing document.

Please note that the primary care exception rules do not apply to resident supervision if the residents have not completed a minimum of six months of residency training.

For cases where a level 4 billing code or higher (99214-15 or 99204-05) is used the faculty must document their involvement in the supervision of patient care and that they were physically present during the key portion of the patients visit. The **"GC"** modifier must be assigned on the billing document in such a case documenting the physical presence.

All office based procedures fall under this category of supervision.

Prenatal services billed with the TH (Teaching Hospital) modifier and codes 99201 to 99203 or 99211 to 99213. The services must be furnished in a primary care center located in a hospital

outpatient department or another ambulatory care entity in which the time spent by residents in patient care duties is included in the GME payment made to a teaching hospital or hospital's fiscal agent. All of the above primary care exception rules apply.

4. Documentation

a) For a teaching physician to be eligible for reimbursement for services, the patient's medical record must document that the requirements for reimbursement as detailed in this rule were met.

b) In the case of evaluation and management services (E/M), the teaching physician must personally document his/her participation in the service in the patient's medical record.

c) When the requirements for reimbursement require that the teaching physician personally perform the service or be present when a resident performs the service (for example: Specialty clinics / GC modifier / Office Procedures), the department will assume these conditions are met if:

   The notes in the patient's record are personally written or dictated by and signed by the teaching physician. The notes written by residents or nursing staff state that the teaching physician either personally performed the service or was present during the performing of the service.

Approved by:

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