

August 18, 2011

Donald Berwick, MD Administrator Centers for Medicare & Medicaid Services Department of Health & Human Services Attention: CMS-1436-P P.O. Box 8013 Baltimore. MD 21244-8013

Re: Clinical Laboratory Fee Schedule: Signature on Requisition

Dear Dr. Berwick:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I am writing in support of the Centers for Medicare & Medicaid Services (CMS) proposal to retract the policy adopted in the final 2011 Medicare physician fee schedule that requires the signature of a physician or qualified non-physician practitioner on a requisition for clinical diagnostic laboratory tests paid under the Clinical Laboratory Fee Schedule.

As stated in our June 28, 2010 comment letter (p. 29) submitted in response to the proposed 2011 Medicare physician fee schedule, the AAFP had recommended that CMS not change the policy regarding signatures on laboratory requisitions. Though CMS had originally believed that this requirement would not increase the burden on physicians, we commend CMS for continuing to monitor the policy's implementation and, while developing educational and outreach materials, eventually realizing how difficult and burdensome the actual implementation of this policy was for physicians and clinical laboratories. We agree with the CMS commentary that, in some cases, the implementation of the signature on requisition policy could have a negative impact on patient care. The AAFP applauds CMS for reexamining the beliefs and assumptions that lead to the policy change and for now acknowledging that the policy caused an inconvenient and disruptive administrative burden on physicians.

The AAFP also appreciates that CMS, in this proposed rule, acknowledges the primary care workforce shortage. We concur with the remarks by the Health Resources and Services Administration Administrator to the Bureau of Health Professions Advisory Committee that the cost of lost physician time must also be revalued upwards. Interrupting a physician, especially those providing primary care, in a subsequent appointment for a signature or making the beneficiary wait for an inconvenient period of time is unacceptable.

Since over 60 percent of active AAFP members use electronic health record (EHRs) systems in their practices, the AAFP also agrees with CMS that the use of EHRs negates the need for a requisition while still improving healthcare quality and efficiency.

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In June, the AAFP sent CMS a <u>letter</u> encouraging CMS to re-evaluate the Medicare signature requirements placed on physicians. The AAFP appreciates that the physician's signature serves as authentication of services rendered or ordered. Accordingly, the AAFP reminds all family physicians and their practice support staff to verify that all medical records are signed, legible, and supportive of the service that was rendered to the patient. We provide detailed guidance on the acceptable methods for authenticating medical records, including specifics on handwritten signatures and acceptable signature formats, valid electronic signatures, attestation statements on unsigned documentation, and signature logs. The AAFP urges CMS to consider these comments and develop a comprehensive, yet understandable, physician signature requirement.

In a separate <u>letter</u> sent in response to Executive Order 13563, which calls for HHS to reduce regulatory burdens, we also outlined concerns with the Medicare signature requirements. Through publication of this proposed rule, CMS is taking the first of hopefully many steps that acknowledge the need to modify or repeal burdensome regulations. We applaud CMS for taking this step.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or red. Please contact Robert Bennett, Federal Regulatory

Sincerely,

Lori J. Heim, MD, FAAFP

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Board Chair