



AUGUST 2018

TO: Working Party Members
FR: Beat Steiner, MD, MPH, STFM President
RE: Preceptor Expansion Action Plan Discussion and Update

Key Discussion Topics for Your Input:

- Standardized onboarding courses for students. Are these the right topics?
 - How to Create a High-Quality Note in the Medical Record
 - How to Write a Billable Patient Note
 - How to Perform Medication Reconciliations
 - Motivational Interviewing
- Participation in Collaborative Projects
 - How to incentivize family medicine departments to participate?

Preceptor Expansion Action Plan Update

STFM was charged with FMAHealth's Workforce Education and Development Core Team's task of identifying, developing, and disseminating resources for community preceptors. The Society is addressing that task through a multi-year Preceptor Expansion Initiative. Successfully expanding the number of clinical training sites for students and the quality of the learning and precepting experience is one key piece to reaching the family's shared aim to increase the percentage of US allopathic and osteopathic medical school graduates choosing family medicine to 25% by 2030.

STFM acknowledges and appreciates the financial support for the initiative from the ABFM Foundation, the Physician Assistant Education Association, STFM, and the FMAHealth Board.

▶ **Initiative Goals:**

- Decrease the percentage of primary care clerkship directors who report difficulty finding clinical preceptor sites.
- Increase the percentage of students completing clerkships at high-functioning sites.

▶ **Oversight Committee:** An interdisciplinary, interprofessional oversight committee sets the direction for the work, provides input on the work of the teams, and discusses plans for communication and dissemination. Five work teams have developed implementation plans with specific steps, timelines, and budgets to achieve their goals.

Tactic 1: Work with the Centers for Medicare and Medicaid Services (CMS) to revise student documentation guidelines

The rules regarding the use of student notes for billing purposes have hampered medical education and increased the administrative burden on the teaching physician. This team's task is to explore with CMS, and other federal bodies as needed, ways to revise student documentation guidelines to relieve unnecessary administrative burdens on preceptors and increase the active learning of students.

Status: The Tactic 1 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.

On February 2, CMS released a revised transmittal, Pub 100-04 Medicare Claims Processing Manual (updated May 31), that “allows the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than redocumenting the work.”

While widely celebrated, the new transmittal generated numerous compliance questions. To better clarify how the new guidelines should be operationalized, several organizations involved in the Preceptor Expansion Initiative drafted and submitted on March 21 a request to confirm the tactic team’s understanding of the new guidelines. The response from CMS left unanswered questions about the requirements for the teaching physician being “physically present” with students and also about the role of residents within the context of students and teaching physicians. The responses from CMS did clarify that the revised guidelines do not apply to nurse practitioner or physician assistant students.

The team is now working with HRSA advisory committees and other stakeholders to advocate for revisions to the CMS Medicare Claim Processing Manual wording to:

- Allow student documentation to be used by the resident without redocumenting and subsequently allow the teaching physician to use the resident’s note, following appropriate verification by the teaching physician.
- Allow NP and PA student notes to be used.
- Allow student notes to be used when the clinical information is gathered independently by the student as long as documentation by the students is verified by performance or re-performance of the physical exam and decision-making by the teaching physician or resident with the patient.

Tactic 2: Integrate interprofessional/interdisciplinary education into ambulatory primary care settings through integrated clinical clerkships

This tactic explores a means to increase the number of learners at a given site without putting more pressure on the clinician’s shoulders. This means transforming education, in conjunction with the practice, away from the preceptor/student model or a model favoring any one profession’s education requirements. The team will approach this by developing effective, simple workflow models that target everyone along the learning spectrum from students to preceptors. The workflow models will be distributed at national and regional levels in professional development settings with a train-the-trainer model, and the dissemination plan will develop champions that can teach it at the local level.

Status: Two workgroups have been formed and will meet in August 2018:

1. A site selection sub-group will interview ambulatory practices that have shared decision-making practice models and are somewhere along a spectrum between novice and exemplary in integrating interprofessional students in their practices. The goal is to identify ‘bright-spots’ that can give feedback on developing workflow models as well as pilot models in their practices.
2. A case development sub-group is writing primary care patient cases or patient management problems to illustrate specific examples of how to implement interprofessional education. The cases will inform the workflow models.

Tactic 3: Develop standardized onboarding process for students and preceptors and integrate students into the work of ambulatory primary care settings in useful and authentic ways AND

Tactic 4: Develop educational collaboratives to improve administrative efficiencies for family medicine community preceptors

These teams are working together to implement two projects over 3 years that will support educational collaboratives to improve administrative efficiencies for community preceptors. ABFM funding will be used to pilot, evaluate, and disseminate innovative approaches to 1) standardize the onboarding of students and to 2) engage community preceptors.

Project 1: Family medicine departments, ideally in collaboration with other specialties and professions, will pilot student onboarding resources and processes that will include:

- A student passport that captures a student's training, screenings, clerkship background, objectives for the current clerkship, and basic information about the student.
- Education for students on how to hit the ground running at their clerkship site
- Four online training modules for students: "How to Create a High-Quality Note in the Medical Record," "How to Write a Billable Patient Note," "How to Perform Medication Reconciliations," and "Motivational Interviewing."
- Self-developed, pre-clinical curriculum to meet goals and objectives outlined in the appendix of the AAMC's 2008 Recommendations for Preclerkship Clinical Skills Education for Undergraduate Medical Education

Project 2: Family medicine departments, ideally in collaboration with other specialties and professions, will pilot standardized preceptor onboarding and engagement resources that will include:

- Use of the AAMC Uniform Clinical Training Affiliation Agreement with preceptors <https://www.aamc.org/members/gsa/343592/uniformaffiliationagreement.html>
- A template for creating CVs in the required institutional faculty style for new preceptors based on a phone interview
- Participation in the ABFM Precepting Performance Improvement Program (Tactic 5), using:
 - New preceptor developmental competencies
 - Online self-assessment form tied to new developmental competencies and targeted faculty development
 - TeachingPhysician.org assigned readings
- An online STFM course on Giving Feedback
- Use of a new preceptor recognition program (being developed by Tactic 5 team)
- Use of a new teaching practice recognition program (being developed by Tactic 5 team)

Departments that are part of the project will participate in learning communities to share/learn about intervention approaches; provide status reports; disseminate their findings broadly and agree to participate in a synthesis report; and conduct standardized pre/post measurement to include the impact of the intervention on preceptors' administrative burden and the learning experience for students.

Tactic 5: Promote productivity incentive plans that include teaching and develop a culture of teaching in clinical settings

The unifying theme of the tactics under this umbrella is creating the incentives and culture needed to expand the pool of preceptors. The target audience for these efforts is the practices and health systems that employ community preceptors.

Status: The Initiative chair and the project team leader asked the American Board of Family Medicine (ABFM) to consider giving performance improvement credit for precepting. This was approved by the ABFM and a pilot program was announced on February 1, 2018. The program allows academic units (Sponsors) to develop and oversee the completion of performance improvement projects that meet the ABFM Family Medicine Certification requirements. To receive credit, teaching physicians must complete at least 180 1:1 teaching hours and implement an intervention to improve the teaching process. The pilot launched on April 2, 2018 with 41 participating sites. The Precepting Performance Improvement Program—with modifications based on the results of the pilot—will be open to all interested sponsors in 2019.

- The team is compiling information on incentive plans that include teaching for primary care community preceptors and academic faculty. This list will be made available to preceptors, health systems, and academic institutions.
- The team has drafted criteria and benefits for a national recognition program for systems/practices that meet quality teaching criteria. The team has begun working with the STFM Faculty Development Collaborative on developing competencies for faculty. Members of the team and the Collaborative will meet later this year to focus on developmental competencies for preceptors and resources that tie those to the ABFM Performance Improvement Program.
- The team is working with others to give presentations and write articles, essays, blog posts, and reflective papers advocating for and delineating the benefits of creating cultures/systems that encourage and reward teaching. Targets are leaders of health systems, deans and education leaders, learners, physicians/clinicians and the public.

Communication About the Work We're Doing:

Completed/Accepted Presentations:

- A Multiorganizational Plan to Address the Shortage of High Quality Community Preceptors. 2018 NAO Biennial Conference, July 9, 2018
- Helping to Make Students Important Members of the Team. HRSA Advisory Committee on Interdisciplinary, Community-Based Linkages Webinar. June 6, 2018.
- CMS Change in the Use of Medical Student Documentation. AAMC Webinar. June 6, 2018
- Addressing the Preceptor Crisis: Implementation of the Preceptor Expansion Action Plan and How You Can Help. STFM Annual Spring Conference. May 7, 2018
- An Update for Residency Programs from the American Board of Family Medicine. (talked about STFM/ABFM Performance Improvement Pilot). AAFP PDW/RPS. March 25, 2018.
- ABFM Performance Improvement Precepting Program: A Pilot. STFM Conference on Medical Student Education. February 3, 2018
- Multiorganizational Plan to Address the Shortage of High Quality Community Preceptors. STFM Conference on Medical Student Education. February 2, 2018
- Six Tactics to Solve the Crisis of Community Preceptor Retention & Recruitment. AAMC Annual Meeting: Learn, Serve, Lead. November 6, 2017
- HRSA Stakeholders' Meeting. February 22, 2017

Completed/Accepted Articles

- Initiative Creates Efficiencies and Incentives for Preceptors. *Illinois Family Physician, Michigan Family Physician, TAFP News Now*, and Georgia AFP. Summer 2018.
- CMS Clarifies Rule, Again Requires Preceptors to Redo Student Work. PAEA. May 9, 2018.
- Preceptor Expansion Oversight Committee Discusses Next Steps on CMS Guidelines and Creating Efficiencies and Incentives for Teaching. *STFM Messenger*. April 11, 2018
- Policy Change from CMS Provides an Opportunity to Improve Medical Student Education and Recruit Community Preceptors. *Academic Medicine*. April 10, 2018
- Preceptor Expansion Action Plan: Progress Update. *Family Medicine*. April 2018
- CMS announces major change to rules on med student documentation. *Legacy Health*. 3/2018
- Updated E/M Documentation Rules Good for Preceptors. *AAFP News Now*. February 16, 2018
- Medicare eases burden for E/M documentation involving medical students. A blog from *FPM Journal*. February 9, 2018
- New CMS guidelines eliminate requirement to re-document student notes. *Becker's Hospital Review*. February 7, 2018
- Revised CMS Rule Should Ease Preceptors' Administrative Burden, Help with Recruitment. PAEA. February 7, 2018
- Committee Tackles Community Preceptor Shortage. *Ann Fam Med*. Sept/Oct 2017, 484-486

- Committee Tackles Shortage of Community Preceptors. *STFM Messenger*. June 14, 2017
- STFM Responds to Community Preceptor Shortage. *Ann Fam Med*. Nov/Dec 2016, 583-585
- Stakeholder Meeting Addresses Shortage of Clinical Training Sites. PAEA. March 1, 2017
- Summit Will Address the Shortage of High-Quality Family Medicine Community Preceptors. *Ann Fam Med*. May/June 2016, 282-283
- STFM to Address the Shortage of High-Quality Community Preceptors. *Messenger*. May 2016

A paper has been submitted to the upcoming FMAHealth special issue of *Family Medicine*.