THE AMERICAN GERIATRICS SOCIETY
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Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8012
Baltimore, MD 21244-8012

Attention: **CMS-1488—P "Resident Time in Patient-Related Activities"**

Dear Administrator McClellan:

The American Geriatrics Society (AGS), an organization of nearly 6,800 geriatrics healthcare professionals who are specially trained in the management of care for frail, chronically ill older patients, welcomes this opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule entitled *"Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates."* We strongly urge CMS to rescind the purported "clarification" in the proposed rule that excludes medical resident time spent in didactic activities in the calculation of Medicare direct graduate medical education (DGME) and indirect medical education (IME) payments.

Background

The proposed rule cites journal clubs, classroom lectures, and seminars as examples of didactic activities that must be excluded when determining the full-time equivalent resident counts for all IME payments (regardless of setting), and for DGME payments when the activities occur in a nonhospital setting, such as a physician's office or affiliated medical school. The stated rationale for the exclusion of this time is that the time is not "related to patient care".

This position is in stark contrast to the Agency's position as recently as 1999, at which time the Director of Acute Care clarified that patient care activities should be interpreted broadly to include "scholarly activities, such as educational seminars, classroom lectures

. . . and presentation of papers and research results to fellow residents, medical students, and faculty." We concur with the Agency's 1999 position. These activities are an integral component of the patient care activities engaged in by residents during their residency programs.

Residency Program Activities and Patient Care

With limited exceptions, residency experience is almost always related to patient care activities. The learning model used in graduate medical education (GME) is delivery of care to patients under the supervision of a fully trained physician. Everything that a resident physician learns as part of an approved residency-training program is built upon the delivery of patient care and the resident physician's educational development into an autonomous practitioner.

Further, much of the didactics in which fellows and residents engage are related to meeting three important goals: (1) providing high quality care; (2) meeting the Accreditation Council for Graduate Medical Education (ACGME) requirements; and (3) meeting Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. First, didactic models help achieve the quality of care goals laid out in the series of Institute of Medicine (IOM) reports on quality of care, such as *Crossing the Quality Chasm: A New Health System for the 21st Century.* Second, didactic learning particularly assist programs in meeting the ACGME six core competencies: patient care, systems-based practice, professionalism, interpersonal and communication skills, practice-based learning and improvement, and medical knowledge. Finally, didactic sessions focus on patient safety, which is a particular concern of the JCAHO.

We urge CMS to rescind its clarification in the proposed rule relating to the counting of didactic time for purposes of DGME and IME payments and recognize the integral nature of these activities to the patient care experiences of residents during their residency programs. Residents and fellows will provide much of the inpatient care for the growing elderly population in the coming years; we must ensure they are properly trained to provide high quality care to this population.

If you should have questions or comments on this letter, please contact Susan Emmer in our Washington office at (301) 320-3873.

Sincerely,

Jane Potter, MD
President
American Geriatrics Society