April 8, 1996

Terrence Kay, Director

Division of Physician Services

Bureau of Policy Development
C4-03-06
Health Care Financing Administration
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Kay:

The American Society of Internal Medicine (ASIM) strongly urges the Health Care Financing Administration (HCFA) to revise the evaluation and management (E/M) exception language for ambulatory care teaching programs in the draft Medicare carrier manual instructions regarding Medicare Part B payment for teaching physicians.

ASIM disagrees with the current draft of the carrier manual instruction that states, "we [HCFA] believe that the types of graduate medical education (GME) programs most likely to qualify for this exception include: Family Practice and some programs in general Internal Medicine, Geriatric Medicine, and Pediatrics." ASIM also disagrees with the portion of the draft instructions that state it is HCFA's understanding that only "some individual general internal medicine programs...meet the exception."

ASIM supports the Federated Council for Internal Medicine (FCIM) proposed substitute paragraph describing the residency programs that qualify for the ambulatory care teaching exception. Our suggested substitute paragraph is as follows:

> We believe that the types of graduate medical education programs that qualify for this exception: include Family Medicine, Internal Medicine, Geriatric Medicine, and Pediatrics. In the absence of any evidence to the contrary, we presume that all approved programs in these specialties that apply for the exception meet the criteria.

The carrier manual instructions should be re-written with the suggested language so that Medicare carriers will recognize that Accreditation Council of Graduate Medical Education (ACGME) accredited internal medicine residency programs do provide residents with comprehensive long-term and continuous clinical experience in caring for patients throughout the residents' training. This experience meets the ambulatory care exception criteria described in the Medicare Physician Fee Schedule for Calendar Year 1996 Final Rule.

Furthermore, internal medicine fellowship and subspecialty training programs provide residents and fellows with long-term continuous clinical experience as principal care physicians caring for patients with chronic diseases. Examples of subspecialty training programs that provide principal care are those that care for patients with chronic obstructive pulmonary disease, chronic asthma, end-stage renal disease, diabetes, hyperthyroidism, severe rheumatoid arthritis, autoimmune diseases, chronic congestive heart failure, and cancer. Long term continuous care of patients with these types of chronic conditions are key principal care elements of internal medicine subspecialty training programs in pulmonary disease and allergy/immunology, nephrology, endocrinology, rheumatology, cardiology, and oncology respectively.

The practice of medicine is rapidly evolving to emphasize comprehensive care of patients in the ambulatory setting. Graduate medical education in internal medicine and its subspecialties is changing to support this evolution. The carrier manual instructions, as they are currently drafted, could stunt the

growth and evolution of ambulatory care training programs. Rather than having carrier instructions that prohibit internal medicine subspecialty programs from seeking the ambulatory care training exception, HCFA should permit those programs to seek the exception.

ASIM appreciates full consideration of these comments.

Sincerely,

William Golden, MD
President