



SOCIETY^{to} IMPROVE DIAGNOSISⁱⁿ MEDICINE

*Better outcomes through
better diagnosis.*

October 5, 2020

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma,

On behalf of the Society to Improve Diagnosis in Medicine (SIDM), I am pleased to share our comments on the Centers for Medicare and Medicaid Services' (CMS) notice of proposed rulemaking regarding changes to the Medicare Physician Fee Schedule (MPFS), Quality Payment Program (QPP), and other federal programs for Calendar Year (CY) 2021 and beyond. SIDM is the only organization specifically focused on eliminating harm from diagnostic error, the most common, most costly, and most catastrophic of iatrogenic harms – by far – in the U.S. Our allied Coalition to Improve Diagnosis (CID) includes the nation's premier health care systems, specialty societies, patient advocacy groups, certifying and accrediting organizations, risk management organizations and others that together represent hundreds of thousands of healthcare providers and patients working to raise awareness and stimulate action to improve diagnostic quality and safety.

SIDM strongly supports CMS's decision in the proposed Medicare Physician Fee Schedule (MPFS) for calendar year 2021 to retain the changes to the Evaluation & Management (E/M) services finalized in the CY2020 MPFS and set to take effect in January. The proposed MPFS moves toward fundamentally correcting the longstanding undervaluation of E/M office visit services by increasing associated relative value units (RVUs) to more appropriately value the time spent with patients in E/M activities. This change was among the chief recommendations by the National Academy of Medicine in its 2015 report *Improving Diagnosis in Health Care*: The NAM noted: "E&M services reflect the cognitive expertise and skills that all clinicians have and use in the diagnostic process, and distortions that favor testing and procedures divert attention and time from important tasks in the diagnostic process, such as performing a patient's clinical history and interview, conducting a physical exam, and decision making in the diagnostic process. Realigning relative value fees to better compensate physicians for cognitive work in the diagnostic process has the potential to improve accuracy in diagnosis while also reducing incentives that drive the inappropriate utilization of diagnostic testing."

SIDM also supports the agency's decision to reduce documentation requirements that may distort the direct patient-physician interaction that is the foundation of the diagnostic process. Specifically, CMS has decided to eliminate the use of history and/or physical exam for purposes of determining the level of E/M code, a decision resoundingly welcomed. That method, though well intentioned, inadvertently

*Institutional affiliation listed for
identification purposes only.

shifted the purpose of the medical record toward billing and away from clinical reasoning, to the point that documentation practices -such as copy-paste- to fulfill billing purposes can introduce inaccuracies in a patient's record that contribute to diagnostic error.

The NAM report recommended that CMS (and other payers) should modify E/M documentation guidelines to improve the accuracy of information in the electronic health record and to support decision-making in the diagnostic process. Therefore, the next operative question should be: How can we make electronic documentation actually *work better* for diagnosis: what does ideal clinical documentation look like from a diagnosing, treating, covering, referring, or consultant clinician's perspective, and how can CMS work with the medical profession, ONC and the developer community to bake high quality documentation of chief complaint, symptoms (as expressed by the patient), differential considered and cohesive patient narrative, along with essential information retrieval and visualization, into the next generation of certified EHRs and related technologies? More clinically supportive EHR/HIT capabilities, policies and infrastructure could massively impact diagnostic accuracy and timeliness, and save tens of thousands of lives each year.

SIDM applauds CMS for reaffirming its intention to move forward with E/M valuation and documentation changes long sought by the diagnostic quality and safety community. We look forward to working with you and every interested stakeholder to build on this momentum to improve diagnostic accuracy and timeliness and eliminate harm from diagnostic error.

Sincerely

A handwritten signature in black ink, appearing to read "Paul Epner". The signature is fluid and cursive, with the first name "Paul" being more prominent than the last name "Epner".

Paul Epner
Co-Founder and CEO
Society to Improve Diagnosis in Medicine