



**Association of Administrators
in Academic Pediatrics**

**Newsletter
March 2003 Edition**

The President's Letter – Billy Newton

Dear Colleagues:

I hope this newsletter finds everyone surviving and thriving in the midst of their budget process. On top of that, it sure seems to have been a very long winter. I'm sure our colleagues in the northeast would say that it has been. But as the calendar turns to March, thoughts begin turning to spring and a sense of newness invigorates us. My grandfather used to say this in a way that I could understand it; he'd say "the sap is starting to rise". After a long, difficult winter and budget season, I can think of no better way to get our professional sap to rise than to attend the upcoming annual meeting May 4-7 in Lake Tahoe, NV.

Although you have heard about the conference already, I want to take the opportunity to say once more how fantastic I think this meeting will be. Not only will this meeting provide a focus on how we can better ourselves as administrators, it will give us tools to use that can be applied in all walks of our lives. In addition, this meeting will feature a commemoration of AAAP's 20th Anniversary. Mike O'Connor has been working very hard to invite charter members of AAAP and organize a special time for them. The charter members will have their own reception and will be invited to join the current members at the educational meeting. There will be a short anniversary celebration at our meeting on Monday and our charter members are being invited to join us at the social event and dinner at the Ponderosa. Personally, I'm looking forward to speaking with these individuals to learn about the infancy of AAAP. While on this subject, I'd like to say thank you and congratulations to several of our charter members who are still active members of AAAP – Mike O'Connor, Carol Daugherty, Shirley Newman, Wilma Norris, Michael Robin, Pam Shea, and Margaret Sullivan.

In addition to the wonderful agenda planned, the opportunity to see one another and renew friendships and acquaintances is exciting. Perhaps the greatest strength of AAAP is the networking we enjoy; this conference should supply ample time for that. And the scenery – WOW! There has to be only a very few places on earth that can match the natural beauty of the Lake Tahoe area. The combination of fabulous scenery and meaningful agenda make this meeting one that you will not want to miss. If you haven't already, please register online by April 4 using the AAAP website, www.aaap-aaap.net. It's simple to do and you can even use your credit card to pay.

There are a few business-related matters that I'd like to mention. First, I want to say a hearty thank you to Sue Evans for producing this year's Faculty Compensation Survey. A wonderful job! Also, I'd like to express my gratitude to the folks in Cincinnati – Lori Mackey and her co-workers who were so helpful in updating the database program. Thank you Lori (and John)! Second, to update you on the Institution Profile, the committee led by Jackie Jew has been working to make revisions to the survey instrument. At present, the revised instrument is being reviewed by the subcommittee assigned by AMSPDC to work with us to develop the Profile. Once all the changes have been made, the survey instrument will be distributed to all members. Hopefully, this will occur within the next month. I want to encourage as many members as possible to complete this survey. Once it is completed and published, it will be the most comprehensive profile of benchmark data for academic pediatrics in existence. Third, please be on the look out for the 2003 edition of the AAAP Membership Survey. Elaine Gallagher is leading a committee to put this survey together. This will be an electronic survey and it will help the Board better understand how the membership feels about a variety of topics regarding AAAP. I would also like to encourage you to participate in this survey. Please be looking for an announcement very soon about this. Finally, I want to thank all of you who have voted for the site for our 2005 annual educational meeting. As of March 1, over 100 members had voted for their choice. This is very exciting news. My

thanks go to David Coe and his committee for doing a marvelous job in assembling the panel of sites and handling the voting process.

In closing, I want to say thank you to each and every individual who has made AAAP special. There are a lot of individuals to thank, both past and present. As we approach our 20th anniversary, I believe it's important that we reflect positively on the history of AAAP and use that experience to make the future of AAAP as beneficial to its members as it did in its first 20 years. Bill Aldershof, Pug Burge, Harriett Dickey, Dave Magistrelli, and Marie Lou Watkins, the initial Steering Committee of AAAP, foresaw the need of a forum for academic pediatric administrators to come together and discuss common themes and to learn from one another. Twenty years later, we still need that forum. I imagine that in another 20 years, others will be saying the same thing. I am thankful for that initial vision and just as thankful for the many people who have worked diligently over the years to insure that AAAP is still here for all of us.

I look forward to seeing everyone in Lake Tahoe this May! Please take care and see you soon!

Billy Newton

Update re: Lake Tahoe 2003 Meeting – Doug Duwe



Building where AAAP meeting will be



Enjoy a fire on the beach



Toast a sunset from the lakefront "Great Room" bar

AAAP's 20th Anniversary Education Meeting is offering a distinct experience (or special program). Don't miss out on Scott Halford's Emotional Intelligence (EI) Workshop. This highly provocative and entertaining program explains why emotional intelligence is essential to individual and organizational success. Participants will learn why EI makes such a difference and how it can be applied everyday.

Highlights / Benefits:

- A concise presentation of the elements of emotional intelligence.
- Interactive format that brings EI competencies to life.
- Participants leave with tangible ideas about how to improve their personal EI.
- Presents ideas for application of EI in business.

What is Emotional Intelligence (EI)?

Simply stated, it is the measurement of one's common sense and their ability to get along in the world on a day-to-day basis.

Why is Emotional Intelligence important?

EI is the new yardstick of personal and professional excellence. Scores of research over the last 3 decades prove that those who possess EI competence are more likely to succeed than those without it. It has been found that EI is at least as important to success and excellence as technical expertise and intellect (IQ), and in some instances may contribute more to success. EI can be learned and used to enhance individual and team performance, increase profits and productivity, and decrease employee turnover.

I would encourage all of our members to take a look at the newsletter contribution provided by Scott Halford, our main facilitator at this year's 20th Anniversary AAAP National Meeting at Lake Tahoe. I've heard rumors that some Chairs may not believe that the Emotional Intelligence topic is relevant. Based on my own research, EQ appears to be the number one factor in determining success in a leadership/management position. Moreover, unlike IQ, emotional intelligence is a learned skill. In a time when optimizing our limited resources is more critical than ever, enhancing our EQ as department administrators can not only improve performance of the staff who work with us, but also may ensure job security. I strongly encourage everyone to read Scott's message and to attend this year's meeting.

Emotional Intelligence – Message from Scott Halford

Emotional Intelligence (EI). That coined phrase raises a lot of joking kinds of questions like, “Is emotional intelligence where you teach employees how to cry?” And of course, the answer is no – it's to teach them WHEN to cry. HA-HA-HA! The laugh is on them because the straight answer is much more serious – the concrete implications of EI are enormous. In the emotionally intelligent organization, employee performance and company profitability increase by up to 47%.

American Express Financial Advisors, Minolta, Pepsi, and the US Army develop the competencies of EI in their employees with great success. They're bringing in millions to the bottom line and a lot of smiles. In this world of uncertain employment and high turnover, emotionally intelligent organizations are seeing retention rates soar, profitability move upward in double-digit gains and employee satisfaction measured in excellent morale and measurable differences in customer service.

Consider this research: In jobs of medium complexity (sales clerks, mechanics), a top performer is 12 times more productive than those at the bottom and 85 percent more productive than an average performer. In the most complex jobs (insurance salespeople, account managers), a top performer is 127

percent more productive than an average performer (Hunter, Schmidt, & Judiesch, 1990). Competency research in over 200 companies and organizations worldwide suggests that about one-third of this difference is due to technical skill and cognitive ability while two-thirds is due to emotional competence (Goleman, 1998). In top leadership positions, over four-fifths of the difference is due to emotional competence.

The competencies of EI can be developed in individuals and teams, and in this session, you'll discover what they are and the keys to unlock the intelligence that outperforms IQ and expertise many-fold in predicting success and profitability.

Scott Halford is an Emmy Award winning writer and producer and recipient of the International Monitor Award for Best Television Documentary. He is the author of "Senseless Acts of Beauty™" and the audio-learning album, "The Motivation Equation.™"

Scott speaks to thousands worldwide about the bottom line results of using EI. He consults with corporations and organizations to develop the competencies. Scott is an Accredited Emotional Intelligence Provider through Daniel Goleman's Emotional Intelligence Service. Goleman is the author of the bestseller, "Emotional Intelligence," and "Working with Emotional Intelligence." Scott has furthered his training in EI by becoming a licensed administrator and consultant of EI pioneer, Reuven Bar-On's Emotional Quotient Inventory or the EQ-i. Both provide tools to measure and develop EI.

Scott is President of Complete Intelligence, LLC and resides in Denver.

Twentieth Anniversary Commemorative Celebration – Michael O'Connor

Tahoe will be special to our organization with the 20th anniversary program to recognize the charter members of the Association of Administrators in Academic Pediatrics. It is difficult to believe that 20 years has gone by since a group of pediatric administrators dedicated themselves to establish the AAAP to promote and foster the concept of pediatric administration as its own professional discipline. The original board members selected by our organization included David Magistrelli, Pug Burge, Bill Aldershof, Harriett Brewer, Mary Lou Watkins, Ken Sullivan and our own Pam Shea. These pediatric administrators provided the leadership to ensure the success of our organization and, for many of us, became our lifelong friends and colleagues. I personally look forward to the opportunity to recognize these individuals along with a number of other charter members who are planning to attend our program in Tahoe.

The charter members will have their own welcome session on Sunday afternoon and will be attending the newcomer's reception that evening. This event will provide current members with the first formal opportunity to meet our charter members. There will also be a special recognition program after lunch on Monday that will include a presentation and history of the bringing together of the AAAP. It will be readily apparent that the strength of our organization remains its membership and networking as we know it today began with our charter members. Personally, I consider many of these individuals as my mentors and their knowledge and ideas helped shape pediatrics at Indiana and the programs of many of our member institutions across the United States and Canada. The 20th Annual Celebration and Reunion is a way of saying thank you for the contributions made by these charter members to our organization and to pediatrics throughout North America.

I want to thank all of the current members for their help in locating a charter member from their institution. If you have not been able to obtain a forwarding address, telephone number or email address, would you try once again to make sure that we are able to include as much information as possible about all our charter members?

Call for AAAP Pictures, Stories, Etc.

If you have any special pictures of historical importance (or just good pictures from AAAP's past), please forward them to Mike O'Connor. Likewise, if you have any special stories or memories from the past regarding AAAP and/or its members, please forward them to Mike as well. We'd like to put this together at our Tahoe meeting so that our members of today can share in the memories of our organization's past. Thank you!

Members Survey – Elaine Gallagher

Keep your eyes open for the 2003 Members Survey. This brief Internet-based questionnaire will be distributed in March. The questions will focus on the perceived value of membership, and relative satisfaction with AAAP benefits. The survey will include plenty of opportunities for free-text comments - we look forward to hearing your opinions!!!

The following members contributed to the survey content and design: Elaine Gallagher, The Children's Hospital of Philadelphia; Kelvin King, IWK - Grace Health Centre; Alison Marx, The Children's Hospital of Philadelphia and Michael O'Connor, Riley Hospital for Children.

Results of the survey will be shared at the Annual Meeting in Lake Tahoe.

AAAP Member Notes

Antoinette Brooke – UMDNJ – Robert Wood Johnson Medical School

I am looking for a program administrator for our new division of neonatology at RWJUH. Below is a summary. Please contact me for further information.

Program Administrator

SALARY RANGE: \$56,099.00 - \$84,148.00

FACILITY/DEPARTMENT: Robert Wood Johnson Medical School, Department of Pediatrics, New Brunswick New Jersey

RESPONSIBILITIES: Under the general direction of the Co-Chiefs of the Division of Neonatology and the Department Administrator, oversees administrative matters relating to financial, clinical, teaching and research activities of the Division.

QUALIFICATIONS: Bachelor's Degree in Healthcare or Business Administration (Master's Degree preferred). Nursing degree is desirable. At least four (4) years of progressively responsible related experience. Experience in managing a neonatology division (or similar unit) is strongly preferred. Excellent communication (verbal and written) skills; demonstrate an ability to interface with physicians, families, varying levels of management, and budgeting experience. PC literate with knowledge of Windows and spreadsheets. Grants management experience is desirable. Outstanding human relations and leadership skills, and ability to function in a team environment are required.

April Culliton - Wright State University School of Medicine.

My husband and I are both in the Ohio Army National Guard. Our unit has been mobilized. We just got married in September and with our combined families have four children. Due to these circumstances I am able to stay back and take care of the children. My husband however has deployed and is expected to be gone at the most one year. He is a full-time, active duty national guard member. The unit was mobilized as of February 10th and just left for Camp Atterbury, Indiana yesterday (February 19th). They will spend a couple of weeks in Indiana before deploying out of country. The unit we are in is the 371st Corps Support Group and my husband is the personnel sergeant.

April and her family, along with others in our membership who are themselves or have family members who are in active duty or reservists, are in our thoughts and our hearts. We would like to take this opportunity to honor and thank them.

Doug Duwe – University of Michigan

Dr. Robillard departed at the end of January to become Dean of the Carver School of Medicine at the University of Iowa. He returned to the institution where he spent most of his career prior to coming to Michigan as Chair in 1996. Dr. Thomas Kulik has been named Interim Chair while Dean Lichter heads the search for a new Chair of Pediatrics. He is using a streamlined search process that he hopes will result in appointing a new Chair by July 2003.

Nona Flores – University of Illinois at Chicago

Dr. Kenneth C. Rich is the Interim Head of Pediatrics at the University of Illinois at Chicago effective January 2003. Dr. Rich is a sub-specialist in Immunology/Allergy; he is also Principal Investigator, WITS IV Leadership and Scientific Agenda Core of the federally funded Women and Infants Transmission Study. He has been featured in the UIC News by the Office of Grants and Contracts as one of the campus's "million dollar men," reflecting the level of his research grant support.

Nona C. Flores is teaching two 3-week humanities seminars to UIC freshmen medical students as part of the Essentials of Clinical Medicine curriculum this spring. One seminar is entitled "Bridging the Cultural Divide: Physicians and Patients in Asian American Literature" and includes the work of such award-winning writers as Maxine Hong Kingston and Jhumpa Lahiri (publishers are actively looking for "the next Jhumpa Lahiri" after she won the Pulitzer prize with her first book The Interpreter of Maladies). The other course is "Images of Physicians and Patients in Art and Literature" and ranges from portrayals of the American physician by Norman Rockwell to the surrealist patient/self-portraits of Frida Kahlo. "I call my favorite session 'EEEEW! GROSS!' It deals with anatomical art through history, culminating with Thomas Eakins' portrait of Philadelphia surgeon Samuel Gross in 'The Gross Clinic.' One of our staff did a masters thesis in art history on decapitation in Renaissance art, and she's offered to supplement my slide collection of gory body parts. This is not a skill or service we interview candidates for, but it's nice to have available."

Jackie Jew – University of California, San Francisco

The UC System was well represented at the NACHRI meeting in Charleston, South Carolina at the Promoting the Children's Hospital Agenda -- "Chalking It Up" for Children's Hospitals within a Hospital in February. This was the first NACHRI meeting for Judy Wolf (UC Davis) and Jackie Jew (UCSF) since the UC Hospitals became NACHRI members, but Ginger Osman who is on the NACHRI Program Planning Committee did her usual great job of getting us networked and connected to many new

NACHRI colleagues. Ginger was also a panelist in this meeting--all was going well until one of her NACHRI colleagues sprayed her with a virus and she came down with a fever and lost her voice. There were a number of other familiar AAAP faces at this NACHRI meeting including Doug Duwe and Bart Yancey.

At UCSF, Dr. Sam Hawgood has been named Interim Chair for the Department of Pediatrics as Dr. Larry Shapiro prepares for his move to Washington University as Dean of the Medical School and Executive Vice Chancellor. In addition to being Interim Chair, Dr. Hawgood is the Department's Vice Chair for Academic Affairs and the Division Chief for Neonatology.

Children's Hospital of Philadelphia – Department of Pediatrics

Mike Corbo, Alison Marx and other colleagues from CHOP will be presenting at the Academic Practice Assembly Conference this April in Atlanta during the AAAP's Academic Special Interest Group (ASIG) Pre-Conference Education session. Their talk is entitled "The Road to the Ideal Patient Experience." Elaine Gallagher was instrumental in organizing the Billing, Reimbursement and Compliance Collaborative (BARC) session which will feature a presentation entitled "Optimizing the Patient Care Experience Using Financial Management Tools to Improve Performance."

Mike Corbo, Eileen Drames, Josh Ginsberg, Elaine Gallagher, Don Hicks, Alison Marx and other colleagues from CHOP will be participating in two presentations at the October MGMA - ACMPE Annual Conference in Philadelphia, one entitled "Decisions, Decisions, Decisions" and the other entitled "Innovative Service Solutions Across the Customer Continuum."

Billy Newton – Duke University Medical Center

For those of you who have been in AAAP since the mid-1990's, you will undoubtedly remember Richard Liekweg, my predecessor here at Duke Pediatrics. Rich left the Department of Pediatrics in 1995 and went into hospital administration here at Duke University Hospital. In 1999, Rich was named Chief Executive Officer of Durham Regional Hospital, the largest community-based hospital in Durham and part of the Duke University Health System. At Durham Regional Hospital, Rich oversaw a dramatic financial turnaround in that hospital's operating performance, and he led that facility through difficult regulatory and town/gown issues. It comes as no surprise that his accomplishments have attracted national attention. Late in January 2003, Rich was named the next Chief Executive Officer of the University of California at San Diego (UCSD) Medical Center. He will begin in his new post on March 24. UCSD Medical Center encompasses two hospitals with combined total of 533 licensed beds, an operating budget of \$428M, over 21,000 patient discharges, and over 58,000 emergency room visits annually.

I, along with many others here at Duke, have mixed feelings about Rich leaving. He recruited me to Pediatrics and has been a good friend. So, he will be missed. Nevertheless, Rich is a bright, dynamic, charismatic leader who will do well in any endeavor he undertakes. The folks in San Diego are fortunate to have landed him.

Also, our University President and Health System Chancellor have resigned effective June 30, 2004. Reportedly, neither of the resignations have any relationship with the very unfortunate heart-lung transplant here at Duke.

Both of their terms were ending on June 30, 2004, so this comes as no surprise. But this does mean that there is a tremendous amount of transition taking place here at Duke.

Mike O'Connor – Riley Hospital for Children, Indianapolis



Judy and Mike O'Connor wish to personally thank Jackie Jew at UCSF. Jackie has been a great help in making contacts with Orthopedics and providing assistance for follow-up care of our oldest son who resides in the Marina district in San Francisco. Jackie is a wonderful present-day example of networking and the opportunities that are afforded to us as pediatric administrators and the camaraderie that lasts a lifetime. Thank you, Jackie.

AAAP Standing Committee Reports

Salary Committee (Sue Evans)

The packets with replacement pages for the salary survey were recently mailed. Canadian members should expect a lengthy delay for theirs as their original survey all were returned to us, long after we'd expected them to have been received due to some sort of international security. We now have to fill out some form for each of them to be mailed and pay extra \$ to send internationally. Sorry for the inconvenience, and thanks to the staff at Cincinnati Children's for rewriting the database and taking on the responsibility of maintenance of the database. Hopefully this will allow us to continue to improve the survey in future years, and thank you to all the schools that participated and make this a valuable tool for us all.

Institutional Profile (Jackie Jew)

The long anticipated Institutional Profile was on the AMSPDC agenda for their meeting at the end of last week. In response to AMSPDC concerns about protecting sensitive information as well as the confidentiality of responses to certain questions, the Institutional Profile Work Group (Billy Newton, Karie Minaga-Miya, Harrold McDermott, and Jackie Jew) reviewed the questionnaire and the AMSPDC comments to ascertain which questions/responses will be reported in aggregated categories, and not included in an institution's individual profile. The work group concluded that this was a reasonable

approach to addressing AMSPDC concerns, and we believe that the Institutional Profile was on the AMSPDC Executive Committee agenda for their meeting on March 7. Since a couple of the Chairs who were assigned to work with the AAAP on this survey have left their Departments, we are also expecting AMSPDC to name replacements who will be working with us on the next phases. The electronic version of the survey is ready to be disseminated, and the programmer has already completed a preliminary tool for data input...so we're all set to go as soon as we have a green light from AMSPDC.

By-Laws Committee (Karie Minaga-Miya)

The Committee has carefully reviewed the bylaws for this year. All changes voted upon during the 2003 General Business Meeting in Portland, Oregon has been incorporated.

No further changes or revisions recommended for this year.

If you would like a copy of the bylaws, please contact Karie Minaga-Miya, Bylaws Chair at the following:

Karie.Minaga@hsc.utah.edu
801-588-2363

AAAP Nominations Sub-Committee (Karie Minaga-Miya):

The AAAP 2003 Nominations Committee reports a successful campaign season. Nominations for the following positions were received and a slate of officers to be voted on by the Membership at the Lake Tahoe Meeting in May 2003 will be compiled.

The following positions will be filled:

President- Elect for 2004-2005

Program Director for 2005 – Site to be determined

Member-at-Large (Salary Survey – 2 year term 2003-2005)

Secretary 2003-2004

Thank you from the Nominations Committee.

Financial and Legislative Affairs Committee (Michael O'Connor)

Members of the committee are currently working on several agenda items for the business meeting in Tahoe. Included is a review of the guidelines for the travel assistance program to help both with the review and approval of a request, payment from AAAP and reimbursement policy. The program section for regional meetings is also being updated for the host institution. Collection of registration fees, payment of expenses through the host institution will be clarified along with general policies and procedures to assist our regional sites and program directors will be added. Other discussion items are general procedure for the AAAP treasurer to follow regarding standardized financial reporting and approval and payment of AAAP expenses submitted.



***“Linking Children to Health Insurance: The Covering Kids Program”
The Children’s Hospital of Philadelphia (CHOP), Department of Pediatrics
Alison Marx***

The Covering Kids Program initiative at CHOP began to formulate at the 1999 Department of Pediatrics Administrative Retreat, where addressing the issue of uninsured children was identified as a departmental objective. A financial counseling working group was established, with the goals of designing a program to provide on-site assistance to families with uninsured or underinsured children and to increase enrollment/coverage and access to health care. The group looked at internal resources and recognized that while staff existed to provide this assistance, they lacked the expertise needed to provide guidance to families. As a result, a collaboration with an external organization, Philadelphia Citizens for Children and Youth (PCCY), was established. PCCY provided educational resources and training to several staff members, including coordinator Deirdria Roberson-Lee who serves as the leader and liaison for this initiative.

As a result of the training, the Covering Kids Program was established at CHOP as a collaborative approach to identifying, evaluating and enrolling children into PA/DE Medical Assistance, Free CHIP (Children’s Health Insurance Program), Low-Cost CHIP and NJ Family Care insurance programs. The Program provides resource assistance and advocacy services to indigent patients and families of medically needy and chronically ill children. The services include state health insurance, charity care, food assistance, access to medical subspecialty care, home care, prescription coverage, subsidized child care, transportation services and durable medical equipment. Families and staff can access the program via hotline, an on-call beeper and on-site referrals; interpreter services are available to assist families with

language barriers. In addition to providing education and enrollment throughout the CHOP network, the program has participated in community outreach in schools, abuse centers, health fairs, churches, homeless shelters and other child-based organizations. Great effort is also put into enrolling uninsured siblings into the appropriate insurance programs, as well as enrolling parents, caretakers and guardians into adult basic CHIP.

Since the program's inception in July of 2000, more than 6,933 children have been enrolled in health insurance programs. Deirdria Roberson Lee and all members of the Covering Kids Team were recently recognized for their significant accomplishments with a Reaching Out Award from the Insurance Commissioner of Pennsylvania. (See above photo)

Recommended Readings

Have suggested readings for the group? Please submit them to Alison Marx for the next newsletter.

Readings related to the Annual Meeting topic:

Emotional Intelligence – Why It Can Matter More than IQ
Daniel Goleman

"What Makes a Leader?" Daniel Goleman,
Harvard Business Review, pps 93-102, November-December 1998,
For reprints call: 1-800-988-0886 Reprint 98606

Coding Alerts

The following Coding Alert was prepared by Edith Dobrinski, Documentation and Reimbursement Specialist at The Children's Hospital of Philadelphia, who reports to and works closely with AAAP Member Elaine Gallagher on coding and compliance issues.

REVISED (RELAXED) TEACHING PHYSICIAN DOCUMENTATION GUIDELINES EFFECTIVE DATE: November 22, 2002

If a fellow/resident has not written notes, the teaching physician must document the entire service with the appropriate elements to support the E&M service.

Where a fellow/resident has written notes, the teaching physician's note may reference the fellow/resident's note(s).

The teaching physician must personally document that:

- a. He or she personally saw the patient and performed the critical or key portion(s) of the service; **OR**
- b. He or she was physically present during the key or critical portions of the service performed by the fellow/resident; **AND**
- c. He or she was directly involved in the management of the patient.

For payment, the composite of the teaching physician's entry and the fellow's/resident's entry together must support the medical necessity of the billed service and the level of service billed by the teaching physician. The teaching physician need not repeat documentation already provided by a fellow/resident. **If elements are missing from the fellow/resident note or if the teaching physician identifies**

something different/additional, the teaching physician does need to document additions in their note.

According to CMS, the following are examples of minimally acceptable teaching physician documentation in conjunction with a fellow/resident:

Fellow/Resident and Teaching Physician perform separate patient evaluations

KEY DOCUMENTATION TIP: Teaching physician must document they performed the critical or key portion(s) of the service.

- Admitting Note: “I performed a history and physical exam of the patient and discussed his management with the resident. I reviewed the resident’s note and agree with the documented findings and plan of care.”
- Follow-up Visit: “Hospital Day #3. I saw and evaluated the patient. I agree with the findings and the plan of care as documented in the resident’s note.”
- Follow-up Visit: “Hospital Day #5. I saw and examined the patient. I agree with the resident’s note except the heart murmur is louder, so I will obtain an echo to evaluate.”

Fellow/Resident and Teaching Physician perform the patient evaluation jointly (together)

KEY DOCUMENTATION TIP: Teaching physician must document they were present during the performance of the critical or key portion(s) of the service.

- Initial or Follow-up Visit: “I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident’s note.”
- Follow-up Visit: I saw the patient with the resident and agree with the resident’s findings and plan.”

**Fellow/Resident perform some or all of the elements
and Teaching Physician independently performs the critical portion(s)**

KEY DOCUMENTATION TIP: Teaching physician must document they personally saw the patient and personally performed the critical or key portion(s) of the service.

- Initial Visit: “I saw and evaluated the patient. I reviewed the resident’s note and agree, except that picture is more consistent with pericarditis than myocardial ischemia. Will begin NSAIDs.”
- Initial or Follow-up Visit: “I saw and evaluated the patient. Discussed with resident and agree with resident’s findings and plan as documented in the resident’s note.”
- Follow-up Visit: “See resident’s note for details. I saw and evaluated the patient and agree with the resident’s findings and plan as written.”
- Follow-up Visit: “I saw and evaluated the patient. Agree with resident’s note, but lower extremities are weaker, now 3/5; MRI of L/S spine today.”

Following are UNACCEPTABLE DOCUMENTATION:

- “Agree with above.”, followed by legible countersignature or identity;
- “Rounded, Reviewed, Agree.”, followed by legible countersignature or identity;
- “Discussed with resident. Agree.”, followed by legible countersignature or identity;

- “Seen and agree.”, followed by legible countersignature or identity;
- “Patient seen and evaluated.”, followed by legible countersignature or identity; and
- A legible countersignature or identity alone.

CMS CLARIFICATION REGARDING PREPRINTED DOCUMENTATION:

A stamp, dictation macro, electronic medical record macro, decal or other similar form of documentation preprinted with the verbiage contained in the minimally acceptable documentation scenarios will not compliant. Their reasoning is that they have reduced the documentation requirements, but they still want to see **personal documentation** either in the teaching physician’s handwriting or personally typed by him/her. (Stated by CMS at a teleconference, but has not been specifically written into the guideline as yet.)

Edith Dobrinski, RHIT, CPC
Documentation and Reimbursement Specialist

Ext. 46232
Revised: 02/04/03