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May 5, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge the Centers for Medicare & Medicaid Services (CMS) to permanently allow the supervision of residents in teaching settings through audio/video real-time communications technology. The AMA appreciates CMS's decision in the 2021 physician fee schedule to permanently allow virtual supervision of residents for certain types of services in non-metropolitan areas; however, we have been hearing from multiple physician groups within our Federation of Medicine, as well as the Association of American Medical Colleges (AAMC), how important the virtual supervision of residents has become post COVID-19 and how vital it is to permanently continue this additional supervision option regardless of location.

While we commend CMS for recognizing the importance of access to care in rural areas, it is important to recognize that significant workforce shortages are also impacting access to care in other regions of the country. According to data from the Health Resources and Services Administration (HRSA), as of April 24, 2023, 160 million people currently reside in a Mental Health Professional Shortage Area (HPSA) and there are 8,200 fewer practitioners than are needed.[1] Approximately 25 percent of mental health HPSAs are located in urban areas and 24 percent span both rural and non-rural areas.[2] Currently, 99 million people reside in a Primary Care Shortage Area and there are 17,199 primary care practitioners that are needed. Additionally, a June 2021 report from the AAMC predicts a shortage of up to 124,000 physicians by 2034.[3] These shortages have a real impact on access to care for patients.

In addition, the Accreditation Council for Graduate Medical Education (ACGME) recently amended its rules to allow for audio/visual supervision of residents and its guidelines now state

[1] HRSA data on health professional shortage areas by discipline can be found here: https://data.hrsa.gov/topics/health-workforce/shortage-areas.
[2] Designated Health professional shortage areas statistics, Bureau of health Workforce, HRSA (March 31, 2023) https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport.
[3] AAMC, The complexities of physician supply and demand: projections from 2019-2034 (June 2021) can be found here https://www.aamc.org/media/54681/download.

that direct supervision can occur when "the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology."[4] Therefore, in accordance with ACGME guidance, the AMA acknowledges and supports individually tailoring the virtual supervision of each resident according to their level of competency, training, and specialty since this would enable residents to provide additional services while still garnering the support needed from their teaching physicians.

However, guardrails should be included in order to ensure virtual supervision is delivered efficaciously and to mitigate risk. As such, the AMA recommends:

- Decisions regarding how residents will be supervised via audio/visual real-time communication technology should be implemented, reviewed, and overseen at the program level, in accordance with ACGME policy.[5]
- Training programs should lay out audio/visual supervision requirements in advance to promote consistent understanding between the resident and the teaching physician. Each program must define when the physical presence of a supervising physician is required, and each resident must know the limits of their scope of authority.
- Residency programs should encourage Residency Review Committees, and ACGME to increase monitoring of clinical and educational work hour standards, in the context of the larger issue of patient safety, and acknowledge the impact of the changes of the supervision requirements on the residents and their optimal learning environment to ensure that appropriate education and supervision are maintained.
- Advice should be provided on when and how physicians must inform the patient that direct supervision by interactive telecommunication technology is being used.

Since a teaching physician will still be required to review the resident physician's interpretations and services, and ACGME has strict limits concerning supervision via interactive telecommunications technology, the AMA believes that the appropriate level of patient care and teaching physician direction will be maintained. Moreover, the permanent addition of audio/visual supervision would not change the responsibility of the institutions' GME Committees which would still be required to monitor programs' supervision of residents and ensure that supervision is consistent with the provision of safe and effective patient care, the educational needs of residents, the progressive responsibility appropriate to residents' level of education, competence, and experience, and any other applicable common and specialty/subspecialty specific program requirements.

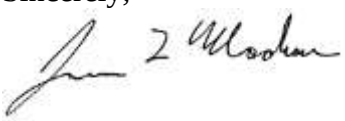
The AMA believes that—if ACGME rules are adhered to, and the use of audio/visual real time communication equipment is individualized to support the needs of residents, teaching physicians, and their patients—this tool will be effective and will provide appropriate supervision, frequent evaluation, and open discussion. Therefore, in alignment with AAMC and ACGME, the AMA believes that there should be a permanent expansion of supervision of

[4] https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023v3.pdf.
[5] https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements/.

residents via audio/video real-time communications technology, beyond non-metropolitan areas, especially since these methods of supervision were successfully employed for multiple years throughout COVID-19.

Thank you for your consideration of our request. If you have any questions, please feel free to contact Margaret Garikes, Vice President, Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,



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