

Submitter : Dr. Joseph LaSpisa
Organization : AAOMS
Category : Physician

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

"See attachment"

CMS-3122-P-201-Attach-1.DOC

Attachment #201

RE: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/Dos and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/Dos, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. Joseph A. LaSpisa
30 N. Michigan Avenue
Suite 1405
Chicago, IL 60602
Ph: 312-263-7822
Fax: 312-263-7863

Submitter : Dr. Gerald Rothman
Organization : Dr. Gerald Rothman
Category : Other Health Care Professional

Date: 05/18/2005

Issue Areas/Comments

GENERAL

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I am an oral and maxillofacial surgeon. I have reviewed the proposed change to the CMS Conditions of Participation related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawals of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services. It would also threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Gerald Rothman, DDS
Chief/Section of Oral and Maxillofacial Surgery and Dentistry
INOVA Alexandria Hospital
Alexandria, Virginia

Submitter : Dr. Cang Huynh
Organization : AAOMS
Category : Other Health Care Professional

Date: 05/18/2005

Issue Areas/Comments

GENERAL

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Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Cang T. Huynh, DMD
OMS Resident/M.D. Student
Emory University School of Medicine

Submitter : Dr. Michael Grousd
Organization : AAOMS
Category : Other Health Care Provider

Date: 05/18/2005

Issue Areas/Comments

GENERAL

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Re: CMS-3122-P, Completion of the Medical History and Physical Examination.

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H & P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for your consideration of these comments.

Sincerely,
Michael H. Grousd DDS, MA

Submitter : Dr. David Bitonti
Organization : Oral and Maxillofacial Surgeon AAOMS
Category : Health Care Professional or Association

Date: 05/18/2005

Issue Areas/Comments

GENERAL

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I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

David A. Bitonti

Submitter : Dr. Theodore Tanabe
Organization : Theodore A. Tanabe, DDS
Category : Other Health Care Professional

Date: 05/19/2005

Issue Areas/Comments

Issue

Categories of providers permitted to perform a history and physical examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation related to History and Physical Examinations that would allow this service to be performed by a physician as defined by the Social Security Act.

The concern is that despite the definition of "physician" under the Social Security Act, which includes dentists like myself, the hospital medical staffs may limit privileges to MDs or DOs and exclude single-degree oral and maxillofacial surgeons. This will limit access for my patients, severely limit access to care for the hospital's patients, and threaten the accreditation status of many oral and maxillofacial surgery residency programs.

Thank you for your consideration.

Submitter : Dr. Randall Blazic
Organization : AAOMS
Category : Physician

Date: 05/19/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-3122-P-207-Attach-1.DOC

Attachment #207

5-17-05

Re: CMS-3122-P, Completion of the Medical history and Physical Examination

I am an oral and Maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions Of Participation (CoP) related to H&P's that would allow this service to be performed by a physician as defined by the Social Security Act. In the act physicians are defined as doctors of medicine or podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit the privilege exclusively to MD/Dos and, as a result, negatively impact patient care. In some institutions the admitting privileges have already been limited due to the unfamiliarity of the administrations understanding of the educational background covering non-MD/Dos. I personally am a dual degreed DDS, MD trained surgeon; however, I am also familiar with the non-MD oral surgeon training. Like me the non-MD oral surgeon is well versed in H&P's and therefore should not be excluded. To exclude them from H&P privileges would limit access for their patients and would threaten the accreditation status of the 100 accredited oral and Maxillofacial surgery residency training programs.

I understand the impetus to change the current standards is from the podiatrists. However, like non-MD oral surgeons if their training is sufficient they should not be excluded. I oppose the proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, and oral and Maxillofacial surgeon for patients admitted for oral and Maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Randall J. Blazic, DDS, MD

Submitter :

Organization :

Category : Physician

Date: 05/19/2005

Issue Areas/Comments

GENERAL

GENERAL

test

Submitter : Dr. Joseph Talarico
Organization : UPMC Presbyterian Pittsburgh
Category : Physician

Date: 05/19/2005

Issue Areas/Comments

GENERAL

GENERAL

I urge accepting the proposed regulation. Operating rooms are a secure area, and misuse of unscheduled medications in this arena is rare to nonexistent. Furthermore, locking of these medications may be dangerous in the event that a medication is needed emergently.

Submitter : Mrs. Debbie Brakke
Organization : St. Mary's Healthcare Center
Category : Other Health Care Provider

Date: 05/19/2005

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-3122-P-210-Attach-1.DOC

Attachment #210

5/19/05

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Re: File Code CMS-3122-P

Dear Sirs;

I am writing to urge that the proposed revisions for H & P's, authentication of verbal orders, and medication security be abandoned. Each of these regulations creates an undue burden of expense for rural health care organizations such as ours. In addition, the reality of rural health care in central South Dakota is that we have a shortage of physicians and other health care professionals, challenging us in delivering safe, quality patient care.

Many of our surgical patients come from more than sixty miles from our healthcare center, referred to us by their local family physician. This physician provides a history and physical that is done more than 24 hours in advance of the surgery in many cases. Although we understand the point of having a current H & P on the chart prior to surgery, we are concerned that when that is not possible, the physician that we ask to do an updated H & P will charge additional costs to the patient and possibly resent that we have required an update to be done. Another consequence of this proposed regulation is that our patients may be directed to ambulatory surgery centers which are privately owned and do not comply with CMS regulations because there is less physician time required in that type of a setting.

Authentication of verbal orders is another issue that is problematic in rural health care settings. While we understand the value of authentication of orders, what is "promptly"? The 48 hour time frame for authentication of verbal orders would be very difficult for us to meet. Please recall that we are working with limited resources and have a very small medical staff.

The medication security proposed regulation could potentially harm a patient who needs "stat" medical treatment and/or intervention. We are concerned that having locked crash carts inside locked rooms could diminish the survival of a patient who codes, and a delay in getting the crash cart could contribute to a failed resuscitation. Besides the medication security concern, we understand that biologicals are included in the regulation. That would mean that we would need to re-evaluate and possibly add more registered nurses to our staff in order to meet our patient's transfusion needs. With today's shortage of health care professionals, we struggle now to be staffed appropriately and finding more RN's to meet the proposed regulation would be another burden to our organization.

Please do not adopt any of these proposed regulations. I believe that the regulations create more safety issues than they would solve.

Submitter : Dr. james vangilder
Organization : oral and maxillofacial surgery
Category : Federal Government

Date: 05/19/2005

Issue Areas/Comments

GENERAL

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I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Major James E. VanGilder, USAF, DC
Chief of Oral and Maxillofacial Surgery
Kadena AB, Okinawa, Japan

Submitter : Dr. Gerald Geldzahler
Organization : Dr. Gerald Geldzahler
Category : Other Health Care Professional

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

Oral and Maxillofacial Surgeons are equally trained as their physician counterparts in taking medical histories and performing physical examinations. The complexities of their practices, including the treatment of maxillofacial trauma and reconstruction after cancer of the head and neck among other procedures require the ability to perform an H&P. I am not aware of the full scope of podiatry, however i do beleive that any properly trained health care practitioner should be able to perform this function if necessary.

Submitter : Dr. george Obeid
Organization : Dr. george Obeid
Category : Individual

Date: 05/20/2005

Issue Areas/Comments

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I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 plus accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, and oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for your consideration of these comments
Sincerely,

George Obeid DDS.

Submitter : Dr. Michael King
Organization : Dr. Michael King
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

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RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Michael King, DPM, FACFAS

Submitter : Dr. Daniel Hatch
Organization : Dr. Daniel Hatch
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

May this letter serve to indicate my strong support of the rule revising the current hospital conditions of participation. As a foot and ankle surgeon, the performance of an H&P is vital to my activities within the hospital and my duties in performing optimal patient care. Timeliness, cost effectiveness and patient safety are reasons for this acceptance. Patients need to be quickly assessed in cases of trauma and acute infections. Foot and ankle surgeons are trained and qualified to perform this task in assessing level 1 and 2 anesthetic risks. If during the exam, advanced levels are determined to be present, as like any other surgical specialist, we would obtain consultation. Having two practitioners conduct an exam on the same patient is redundant and not cost effective. Currently, this is the case. By accepting this proposed rule as written, it would then correlate with JCAHO standards and avoid present confusion. Thank you for your consideration.

Issue

Categories of providers permitted to perform a history and physical examination

May this letter serve to indicate my strong support of the rule revising the current hospital conditions of participation. As a foot and ankle surgeon, the performance of an H&P is vital to my activities within the hospital and my duties in performing optimal patient care. Timeliness, cost effectiveness and patient safety are reasons for this acceptance. Patients need to be quickly assessed in cases of trauma and acute infections. Foot and ankle surgeons are trained and qualified to perform this task in assessing level 1 and 2 anesthetic risks. If during the exam, advanced levels are determined to be present, as like any other surgical specialist, we would obtain consultation. Having two practitioners conduct an exam on the same patient is redundant and not cost effective. Currently, this is the case. By accepting this proposed rule as written, it would then correlate with JCAHO standards and avoid present confusion. Thank you for your consideration.

Submitter : Dr. Joseph Agostinelli
 Organization : Dr. Joseph Agostinelli
 Category : Physician

Date: 05/20/2005

Issue Areas/Comments

Issue

Categories of providers permitted to perform a history and physical examination

1. The advent of present day podiatric medical and surgical post graduate residency programs necessitates that complete history and physical examinations be performed by podiatric physicians. Whether or not this "credential" is granted to the podiatric physician naturally is a "local" decision through the appropriate credentials committee of the hospital/ambulatory surgical center.
2. Podiatric physicians are placed in surgical departments at hospitals under the purview of the "surgical/orthopaedic/podiatric department/service" at individual hospitals/ambulatory surgical centers as are "any other surgeon". The podiatric physician therefore needs to be able to admit patients/perform H&Ps just as their allopathic colleagues.
3. Some individual scenarios may be helpful in explaining my position. Podiatric physicians frequently treat the foot and ankle problems of diabetic patients and other "at risk" patients. Why do the podiatric physicians have to either a) send their patient who needs an admission to the hospital ER then be consulted to care for the patients foot problem or b) find the patient's primary care physician or hospitalist to admit the patient solely for the reason of the podiatric physician not being able to admit his/her own patients?
3. The JCAHO standard now allows for local hospital discretion as to whether or not a podiatric physician is credentialed to admit patients/perform their own H&Ps. As a prior member of the Armed Forces, I had complete privileges to admit patients/perform H&Ps as a member of the surgical service. Why would not CMS use the JCAHO standard as rule, not exception?
4. When this new rule was proposed, I knew there would be some sentiment against this change. However, I cannot see any patient "quality of care" reason to not adopt the new ruling. Podiatric physicians would make use of appropriate consultation should the history/physical illustrate a potential medical problem. For example, does not an orthopaedic surgeon seek a cardiology consultation for their proposed total joint replacement patient who presented to the preop clinic with an "abnormal EKG"?
5. The original rule banning podiatric physicians from admission of patients and performing complete H&Ps came about at a time when post graduate residency programs for podiatric physicians did not include appropriate training in performing such tasks. Present day post graduate podiatric physician education is far different from the past and similar to other MD/DO residency experiences.
6. The "safety net" for the new rule change is the fact that "all credentialing is local" -- and each podiatric physician applying for said privileges has to show documented training/performance for the granting of such privileges, as does any other physician on the medical staff.
7. Therefore, I am in full support of the proposed CMS rule change without any reservation.

Sincerely
 Joseph R. Agostinelli, DPM, FACFAS (Col USAF, Retired)
 Orthopaedic Associates of Fort Walton Beach, Florida

Submitter : Dr. Ross Taubman
Organization : Columbia Foot and Ankle Associates
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

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RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

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Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Ross E. Taubman, DPM
5005 Signal Bell Lane, Suite 204
Clarksville, Maryland 20832
(443) 535-8770

Submitter : Ms. Melissa Speck
Organization : The Hospital & Healthsystem Association of PA
Category : Health Care Provider/Association

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-3122-P-218-Attach-1.DOC



THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

Attachment #218
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATTN: CMS-3122-P
P.O. Box 8010
Baltimore, MD 2144-8010

Ref: CMS-3122-P – Medicare and Medicaid Proposed Hospital Conditions of Participation,
March 25, 2005 Federal Register Notice

Dear Sir or Madam:

On behalf of our nearly 225 member hospitals and health systems, the Hospital & Healthsystem Association of Pennsylvania (HAP) welcomes the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed revisions to specific Medicare & Medicaid conditions of participation for hospitals.

HAP appreciates CMS's efforts to revise four of the current hospital conditions of participation (CoP), specifically - history and physical examination in the medical staff and medical record services CoP; authentication of verbal orders in the nursing services and medical record services CoP; securing of medication in the pharmaceutical CoP; and the completion of the post-anesthesia evaluation in the anesthesia services CoP.

HAP commends CMS for its efforts to respond to interests and concerns about the existing CoPs on the part of the physician and hospital communities, given the significant changes in standards of care and practice that have evolved over the last decade. In particular, HAP appreciates CMS's efforts to revise the conditions of participation in such a manner that affords hospitals increased flexibility in complying with the standards as well as reduce hospital regulatory burden that does not contribute to the provision of safe quality care. HAP fully supports public accountability for the services delivered by hospitals, health systems, and other providers, and recognizes that CMS must balance the interests of the provider community with its primary goal, which is to develop standards that safeguard patients cared for in America's hospitals.

Thank you for the opportunity to provide comments on this regulatory proposal. Our detailed technical comments and suggestions for the proposed revisions to the conditions of participation are enclosed. Should you have any questions regarding our comments, please contact Melissa Speck, director, policy development, HAP, at (717) 561-5356 or mspeck@haponline.org, or Lynn Leighton, vice president, professional & clinical services, HAP, at (717) 561-5308 or lgleighton@haponline.org.

Sincerely,

A handwritten signature in black ink that reads "Lynn G. Leighton". The signature is written in a cursive, flowing style.

Lynn G. Leighton
Vice President, Professional & Clinical Services



HAP Technical Comments

Completion of the Medical History and Physical Examination Requirements

HAP supports the proposed changes regarding the timeframe for completion of the medical history and physical examination, as well as who is permitted to complete the medical history and physical examination. Expanding the current requirement for which practitioners can complete the patient medical history and physical affords greater flexibility for providers, aligns federal requirements with current JCAHO standards, and enhances the delivery of patient care.

Authentication of Verbal Orders

In order to provide more timely, appropriate, and patient focused care, the use of verbal and/or telephone orders in the hospital has increased, and could be viewed as being used in circumstances that a regulatory agency may not consider “urgent or emergent” but are considered as being critically important from a service delivery standpoint by patients and families. Patient lengths of stay have declined dramatically over the past decade, therefore requiring more frequent changes in orders and more immediate response to patient’s expressed needs while hospitalized.

HAP understands the perspective taken by CMS related to the importance of authentication of verbal orders from a provider accountability and hospital risk management standpoint; however, HAP does not believe that authentication of orders necessarily translates to improved patient safety and quality. The fact of the matter is that verbal orders have generally been instituted well before authentication of the order can occur. Therefore, the possibility exists that harm could occur to the patient before it is recognized through an authentication procedure. In the case of this standard, HAP believes that the focus tends to be on complying with the authentication requirements rather than on a review of the order itself. As a result, HAP strongly supports the Joint Commission on Accreditation of Healthcare Organization’s (JCAHO) national patient safety goal that requires the person receiving a verbal order to “read-back” the complete order. Simply repeating back the order is not sufficient. The receiver of the order should write down the complete order or enter it into the computer, then read it back, and receive confirmation from the individual who gave the order.

HAP offers the following recommendations for consideration by CMS with respect to verbal orders:

- CMS broaden its interpretation of “emergent or urgent” to recognize that verbal orders are needed to ensure the provision of timely, appropriate and patient-focused care and that verbal orders are often necessary from a service delivery standpoint from a patient and family perspective. Therefore, it is often necessary to secure verbal orders in order to change diet or activity orders, secure changes to therapy orders to better meet the needs of the patient, and obtain medication orders in response to patient response or non-response to ordered medication regimens, particularly with respect to pain management.
- CMS consider including JCAHO’s national patient safety goal that requires the “read-back” of the verbal order to ensure that the order is heard correctly to

reduce the likelihood of patient harm in its CoPs. This intervention is real-time and more likely to ensure the safety of patients as opposed to the authentication of the verbal order well after the verbal order has already been implemented.

- CMS should delete a specific time frame as to when hospitals must ensure authentication of all types of verbal orders. Instead, CMS should consider allowing hospitals to develop their policies and procedures as to when authentication of verbal orders should occur but require that policies and procedures identify which types of orders, such as orders for high-alert medications, may warrant more timely authentication than orders that do not carry the same risk of patient harm.

Finally, HAP encourages CMS to afford providers flexibility to adopt other physician approved hospital protocols besides the vaccination protocols addressed in the proposed regulations (pneumococcal and influenza), which do not require physician authentication. An example would be medical staff adoption of evidence-based protocols that allow for administration of drugs, therapies, treatments, and discharge instructions that have been approved by the hospital medical staff, such as the administration of aspirin to an acute myocardial infarction patient upon admission to the hospital or the provision of specified discharge instructions for heart failure patients.

Securing Medications

HAP supports the proposed changes regarding storage of drugs and biologicals. The proposed changes will provide hospital flexibility in determining which drugs and biologicals need to be stored in locked areas versus having to be stored in secured and monitored areas that are only accessible to authorized hospital personnel.

Completion of the Postanesthesia Evaluation

HAP supports the proposed changes regarding completion of post-anesthesia evaluation by qualified anesthesia personnel. The time frame outlined by CMS appears to be reasonable and should allow hospitals to determine which patients need to be seen sooner than others because of particular risk factors such as age, co-morbid medical conditions, anticipated post-procedure length of stay, and the patient experience during the surgical or interventional procedure and immediately post-procedure.

Submitter : Dr. Anthony Poggio
Organization : American Podiatric Medical Assn
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Anthony Poggio, DPM

Submitter : Dr. Stephen Walters
Organization : Arlington Oral Surgery
Category : Other Health Care Professional

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

May 10, 2005

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists, with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Stephen C. Walters, DDS

Submitter : Dr. Phillip Ward
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Phillip E. Ward, DPM
Trustee , American Podiatric Medical Association

Submitter : Dr. Michael Tritto
Organization : Dr. Michael Tritto
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,
Michael Tritto, DPM

Submitter : Dr. David Freedman
Organization : Dr. David Freedman
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

David J. Freedman, DPM, FACFAS
3801 International Drive, #204
Silver Spring, MD 20906

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

David J. Freedman, DPM, FACFAS

Submitter : Dr. Peter Paicos Jr
Organization : Massachusetts Podiatric Medical Society
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-3122-P-224-Attach-1.DOC

Attachment #224

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Peter C. Paicos Jr., DPM, FACFAS
President, Massachusetts Podiatric Medical Society

Submitter :

Date: 05/20/2005

Organization :

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-3122-P-225-Attach-1.DOC

Attachment #225

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Submitter : Dr. Jeffrey Frederick
Organization : Dr. Jeffrey Frederick
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay. I sincerely believe that this will help increase patient care and outcomes.

Thank you for your consideration of these comments.

Sincerely,

Dr. Jeffrey Frederick, DPM, FACFAS

Submitter : Dr. thomas miller
Organization : Dr. thomas miller
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

My practice is strongly in support of the changes suggested in CMS 3122-P. We have been doing History and Physicals now for 3 years at our hospital without concern.

Thank you for your consideration,
Thomas S Miller, D.P.M.

Submitter : Dr. Kenneth Malkin
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Kenneth F Malkin DPM
Caldwell, NJ

Submitter : Dr. J D Ferritto Jr
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revisions to the Medicare Conditions of Participation for Hospitals, which specify that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the hospital medical staff as defined by state law.

Podiatric Physicians attend four years of podiatric medical school after college and, as part of their educational process, receive didactic and clinical training in the performance of histories and physicals. Upon completion of their education they are fully competent in performing physicals and taking histories.

Based on the education, training, and experience podiatric physicians I believe that the proposed change to the H&P requirement is appropriate. I urge the Centers for Medicare and Medicaid Services to finalize it without delay.

Thank you for your consideration. I remain,

Sincerely,

J. D. Ferritto, Jr., DPM

Submitter : Dr. Gary Lines
Organization : Arizona Center for Implant, Facial, and Oral Surge
Category : Other Practitioner

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

May 20, 2005

As an Oral and Maxillofacial Surgeon, I am on staff of two hospitals where I am currently able to perform my own history and physical exams for admission and treatment of my own patients. I have had this privilege for 15 years. Having reviewed the proposed changes to CMS Conditions of Participation (CoP) related to H&P's I am concerned with the proposed wording that might preclude non-MD/DO's such as currently accepted DDS/DMD oral surgeons from performing H&P's as we are currently able to do. We have fought long and hard to retain this privilege and it would be a disaster to my patients and those to be admitted for trauma and maxillofacial surgery at mine and all other hospitals where Oral and Maxillofacial surgeons perform procedures. Not to mention the potential accreditation nightmare for the Oral and Maxillofacial Surgery programs in this country of which there are about 100. I oppose the proposed change and suggest that the CoP be revised to include a doctor of medicine or osteopathy, oral and maxillofacial surgeons, and those accredited to perform H&P's. To not provide H&P privileges for the Oral and Maxillofacial surgeon not only continues the "real doctor" myth but is discriminatory.
Thank you for your consideration of these comments.

Gary K. Lines DMD
DrLines@attglobal.net
18301 N 79th Ave G-185
Glendale AZ 85308
623-931-9197

Submitter : Ms. Nancy Brown
Organization : NE Department of HHS Regulation & Licensure
Category : State Government

Date: 05/20/2005

Issue Areas/Comments

Issue

Medical record services (482.24)

42 CFR 482.24(c)(1) – The concern voiced has been the proposed regulation requires all entries in the patient record to be "timed". Acknowledging this is good practice - but to require each entry to be timed is not the standard of practice at this time specifically for such things as progress notes by professions other than nursing. Entries are dated but the addition of timed entries is going to be difficult for hospitals to be in compliance unless the entire medical record is computerized. The 5 year exception (c)(1)(ii) only applies to orders.

Submitter : Dr. Jay Lifshen
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,
Jay D. Lifshen, DPM, FACFAS

Submitter : Dr. Edgar D. Canada
Organization : Dr. Edgar D. Canada
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

Issue

Categories of providers permitted to perform a history and physical examination

This important function should be able to be performed by many different types of providers. If someone can do an invasive procedure such as surgery then they should have the training and/or background to do the history and physical examination to make the decision as to whether or not the surgical procedure should be done.

Timeframe for completion of the medical history and physical examination

The revised timeframe appears to be appropriate for the safety and well-being of patients. Nothing in medical practice would indicate that this type of change would in anyway compromise the care for patients.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 05/20/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Arvind Gulati, D.D.S.

Submitter : Dr. Stephen Monaco
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/21/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,
Stephen A. Monaco DPM

CMS-3122-P-235-Attach-1.DOC

Attachment #235

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Stephen A. Monaco DPM

Submitter : Dr. Ira Kraus
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/21/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,
Ira Kraus, DPM, FACFAS

Submitter : Dr. Eugene Feinberg
Organization : Virginia Podiatric Medical Association
Category : Physician

Date: 05/21/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am a podiatric physician and the Executive Director of the Virginia Podiatric Medical Association and I and my organization support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Eugene Feinberg, DPM

Submitter : Dr. Michael Fein
Organization : Dr. Michael Fein
Category : Physician

Date: 05/21/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,
Michael Fein DPM

Submitter : Dr. Daniel Davis
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/21/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-3122-P-239-Attach-1.DOC

Attachment #239

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Submitter : Dr. Matthew Garoufalis
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/22/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Matthew G. Garoufalis, DPM

Submitter :

Date: 05/22/2005

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

David A. Yeager, DPM

Submitter : Dr. Christian Robertozzi
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/22/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Christian Robertozzi, DPM

Submitter : Dr. Timothy Tillo
Organization : Florida Podiatric Medical Association
Category : Physician

Date: 05/22/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule(70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoP's) for Hospitals, which specifies that a history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare and Medicaid Services to finalize it without delay.

Thank you for the consideration of these comments.

Sincerely,
Timothy H. Tillo, DPM

Submitter : Dr. john scuba

Date: 05/22/2005

Organization : physician

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-3122-P-244-Attach-1.DOC

Attachment #244
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS 3122-P
PO BOX 8010
Baltimore, MD 21244-8010

11May 2005

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

Dear Staff,

I am a physician and an oral and maxillofacial surgeon. A summa cum laude graduate of Ohio State University dental school, I then completed a 48 month residency in oral and maxillofacial surgery as Chief Resident. I am also a summa cum laude graduate of the University of Texas Medical School, San Antonio, with a nonhybrid (full four year) medical degree and a one year general surgery internship. I have been a hospital staff surgeon for over 15 years with full privileges, including history and physical examination. I believe these facts are important in considering my comments about changes now being considered by your agency.

I can comment with great familiarity and detail and about the quality and level of training in history and physical examination of both DDS oral surgeons and of MD graduates of medical school. As an instructor in the department of cellular and structural biology of the medical school, it was my observation that the skill and expertise oral surgeons attain in history and physical exam in their 48 month program is comparable and often surpasses that of the graduating medical student.

Until now, oral and maxillofacial surgeons were specifically addressed in the CMS regulations as meeting Conditions of Participation for history and physical procedures. The change now proposed for history and physical exam would employ the Social Security Act definition of physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and doctors of chiropractic medicine.

However, utilizing the Social Security Act's broad definition of "physician" would include some providers with a "doctor" title—"doctor" of dental surgery (general dentists), "doctor" of optometry (optometrists). Although these titles might imply otherwise, these individuals have *had little or no* formal training in *medical* history and general physical examination, and none is required in the curricula. Because of this, many hospital medical staffs around the country may feel compelled to change bylaws to grant such privileges only to those *commonly* known to have requisite training in history and physical exam—that is, MD and DO (allopathic or osteopathic) *medical* doctors.

It is unfortunately an often *overlooked* fact that Oral surgeons also have required formal training in physical exam. During 48 months of residency, including extensive rotations on other services (surgical and medical) Oral surgeons regularly (take (and document) medical histories, do physical examinations, admit and write orders on hospital inpatients, and prepare narrative summaries for patient discharge. Unfortunately, these facts are often overlooked in privileging matters because of lack of familiarity among the *medical* staff with the education and training standards of "other" (non-MD/DO) practitioners, either because of politics, ignorance, or a combination. I am aware that some Oral surgeons across the country have already been adversely affected by the current JCAHO and CMS climate and regulations, and by these medical staff bylaw changes. The current CMS proposal would undoubtedly worsen the situation, in my opinion.

Although I support the use of the Social Security definition in *most* contexts, I am concerned that applying this definition to the history and physical exam will cause a *general trend* for hospital medical staffs to limit this privilege exclusively to MD/DO (medical) doctors and thereby negatively impact patient care. Limitations or withdrawal of privileges for history and physical exam for oral and maxillofacial surgeons would limit access for many maxillofacial trauma, head and neck pathology, and reconstruction patients who need the services of an oral surgeon. The curriculum and the accreditation status of over 100 oral and maxillofacial surgery residency training programs would also be seriously affected.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. However, while some podiatrists with *advanced* training *may* be qualified to perform an H&P, to my knowledge a complete history and physical examination is *not* commonly part of the podiatry medical school curriculum.

I strongly oppose change CMS 3122-P and I suggest that the CoP should be revised and should only include: 1) medical doctors (medicine or osteopathy); 2) doctors of dental medicine (DMD) or doctors of dental surgery (DDS) who are trained oral and maxillofacial surgeons admitting patients for oral and maxillofacial surgery. I leave it to CMS to consider how to address the limited number of other non-medical (non-MD/DO) providers who can document formal training in history and physical exam. This may include doctors of podiatric medicine who have advanced training in an accredited podiatry residency program that manages patients on an inpatient basis.

I appreciate the opportunity to address you.

Sincerely,

John Scuba DDS MD

Oral and Maxillofacial Surgeon
4725 Champions Way
Columbus, GA 31909

Submitter : Dr. Michael DeGere
Organization : American Podiatric Medical Association
Category : Physician

Date: 05/22/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians attend four years of podiatric medical school after college and, as part of the educational experience, receive training in the classroom and in clinical settings in the performance of histories and physicals (H&Ps). Upon graduation from a podiatric medical school, individuals are fully qualified to perform H&Ps.

Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Michael W. DeGere, DPM

Submitter : Dr. David Schofield
Organization : Dr. David Schofield
Category : Physician

Date: 05/22/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,
David M. Schofield, DPM
President Elect, American Podiatric Medical Association

Submitter : Dr. Robin Ross
Organization : Dr. Robin Ross
Category : Physician

Date: 05/22/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I support the proposed revision to the Medicare CoPs for hospitals, which specifies that an H&P must be completed for each patient by a physician or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

Podiatric physicians, upon graduation from a podiatric medical school, are fully qualified to perform H&Ps.

I believe the proposed change to the H&P requirement is appropriate and I urge CMS to finalize it.

Sincerely
Robin Ross, DPM

Submitter : Dr. John Evans
Organization : Dr. John Evans
Category : Physician

Date: 05/22/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-3122-P-248-Attach-1.DOC

Attachment #248

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

John N. Evans, DPM, FACFAS
547 East Huron
Milford, MI 48101

Submitter : Dr. Charles Cavicchio

Date: 05/23/2005

Organization : Dr. Charles Cavicchio

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

My primary hospital, Fatima, in North Providence, RI, is prepared to change it's bylaws to allow DPM's to perform H+P's on ASA class one patients. The medical staff is comfortable with the proposed change, and is embracing this.

CMS-3122-P-249-Attach-1.DOC

Attachment #249
RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

Dear Dr. McClellan:

I am a podiatric physician and support the proposed revision to the Medicare Conditions of Participation (CoPs) for Hospitals, which specifies that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Submitter : Dr. Jesse Plasencia
Organization : Illinois Podiatric Medical Association
Category : Physician

Date: 05/23/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Dr. Jesse Plasencia

Submitter : Dr. Joshua Hedman
Organization : DVA - Chicago (Jesse Brown VA)
Category : Physician

Date: 05/23/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P

Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005)

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Based on the education, training and experience of podiatric physicians, I believe that the proposed change to the H&P requirement is appropriate and I urge the Centers for Medicare & Medicaid Services (CMS) to finalize it without delay.

Thank you for your consideration of these comments.

Sincerely,

Joshua Hedman, DPM