



PHYSICIAN ASSISTANT EDUCATION ASSOCIATION
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August 11, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5522-P
P.O. Box 8016
Baltimore, MD 21244-8016

[Filed electronically at <http://www.regulations.gov>]

**RE: Medicare Program; CY 2018 Updates to the Quality Payment Program
[CMS-5522-P]**

Dear Administrator Verma:

On behalf of the Physician Assistant Education Association (PAEA), I am writing to strongly support proposed improvement activity *IA_AHE_XX*, **"Providing Education Opportunities for New Clinicians,"** in the Centers for Medicare & Medicaid Services (CMS) proposed rule governing the second year of the Quality Payment Program (QPP) [82 Fed. Reg. 30479]. PAEA represents the 225 physician assistant (PA) programs across the country, which together graduate more than 8,000 students each year. PAEA shares the commitment of CMS to transition from volume to value-based care through the continued implementation of the QPP. Through the inclusion of this improvement activity in the QPP final rule, we believe PA education will be newly empowered to participate in this transition through the exposure of students to efforts by clinicians to implement system-level improvements to the care they deliver to patients.

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Preparing an adequate number of well-trained health professionals equipped to address emerging challenges in the clinical setting is essential in creating a health care system that is responsive to the unique needs of Medicare beneficiaries. However, in a recent survey including our members, 95% of program directors were moderately or very concerned about the availability of adequate clinical training sites for PA students.¹ Further, a lack of sufficient clinical training sites has significantly raised costs for students, with 42% of programs reporting raising tuition as a result of having to pay for clinical training sites.¹ This shortage has significantly inhibited the ability of our members to provide the next generation of PAs with the skills necessary to provide high-value care to Medicare patients by raising costs for both programs and students, limiting program capacity, and placing burdensome travel requirements on aspiring PAs. These barriers may be addressed in part by allowing clinicians eligible for the Medicare Incentive Payment System (MIPS) to receive credit for “acting as a preceptor for clinicians-in-training” as outlined in the proposed improvement activity [82 Fed. Reg. 30479].

We also support CMS’ designation of this activity as a “high-weighted” improvement activity, a characterization reserved for options that provide, as stated by CMS in the 2017 QPP final rule, “the greatest impact on beneficiary care, safety, health, and wellbeing.”² PAEA strongly believes that providing MIPS-eligible clinicians with a new, powerful incentive to train students will advance our shared goal of providing the best possible care to Medicare beneficiaries.

One minor suggestion that we have would be to amend the language of this improvement activity to include clinical training in hospitals and health systems, or to clarify that acting as a preceptor in a hospital or health system is included in CMS’ interpretation of this improvement activity. We offer the following suggested amendment:

¹ Association of American Medical Colleges. *Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey*. Washington, DC: AAMC; 2013. Accessed July 7, 2017.

² Federal Register, *Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models*. <https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm>. Accessed July 7, 2017.



MIPS-eligible clinicians acting as a preceptor for clinicians-in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) and accepting such clinicians for clinical rotations in hospitals or health systems or in community practices in small, underserved, or rural areas.

Because many of our PA clinical training sites are in hospitals or health systems, this amendment would further the goal of this improvement activity in 2018 and in later years of the QPP.

In summary, PAEA strongly supports proposed improvement activity IA_AHE_XX, "Providing Education Opportunities for New Clinicians," and stands ready to assist CMS in the successful implementation of the QPP in performance year 2018.

If you have any questions about our comments or require additional information, please contact Chief Policy & Research Officer Dave Keahey at dkeahey@PAEAonline.org or (703) 667-4339 or Director of Government Relations Athena Abdullah at aabdullah@PAEAonline.org or (703) 667-4332.

Sincerely,

A handwritten signature in black ink that reads "Bill Kohlhepp". The signature is written in a cursive, flowing style.

William Kohlhepp, DHSc, PA-C
President
Physician Assistant Education Association