

Overview of the UC San Diego PACE Program's Competency Assessment and Physician Enhancement Program (PEP)

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Presenters:

Peter Boal, Associate Director, UC San Diego PACE Program

Nate Floyd, PEP Director, UC San Diego PACE Program

Overview of PACE Clinical Competency Assessment

Peter Boal
Associate Director
UC San Diego PACE Program

Goals of this presentation

- 1) Provide overview of new PACE Clinical Competency Assessment
- 2) Discuss how the Clinical Competency Assessment has changed, why it has changed, and how it is better
- 3) Review assessment program logistics

Clinical Competency Assessment

Overview

- Experience: over 1750 evaluations to date
- Purpose: to determine whether:
 - a physician is competent and safe to practice; and
 - what, if any, additional remediation and/or oversight is necessary for safe practice
- Length: 3-5 days
- Cost: varies (averages \$15,000 – 20,000)
- Time to complete (application to report): 3-4 months

Why Did We Change?

- Because more experienced faculty and staff and better tools allow us to more efficiently and effectively assess competence than in years past
- We have found the strongest assessment is one that is tailored to the physician's practice environment, while also taking into consideration the factors and reasons for his/her discipline

How Is It Still The Same?

Core values remain unchanged

- **Mission Statement:** *The UCSD Physician Assessment and Clinical Education Program is dedicated to the education of physicians and other health care professionals; the detection, evaluation, and remediation of deficiencies in medical practice; and assisting the medical profession in its quest to deliver the highest quality of health care to the citizens of the United States.*

How Is It Still The Same?

- Global Evaluation of Physician
 - Screening of mental, physical, **cognitive** health and wellbeing
 - Clinical competence and performance in all 6 of the core domains of physician competence (as defined by the ACGME/ABMS)
- Final Outcomes
 - Category 1 (Clear Pass)
 - Categories 2-3 (Pass with Recommendations)
 - Category 4 (Fail)
- Remedial Education outlined as needed

How Is It Different?

- One phase instead of two
 - Previously: 7 days total
 - Now: 3-5 days
- More Individualized
 - tailored to the physician's current or intended area of practice and reason for referral
- Greater use of simulation

How Is It Better?

- Better for the MBC
 - Easier to track Respondent's participation
 - Confirm competence of safe physicians and identify unsafe physicians faster and with greater confidence
 - Less time needed to complete entire process
- Better for the participants
 - Assessment more specific to his/her practice
 - Less time away from practice
 - Less travel (one trip to PACE)

Assessment Program Logistics

1) Enrollment (~1-2 weeks)

- Collect self-report forms about participant's clinical practice, personal life and health, collateral information from referring source (e.g. MBC Order & Decision), and selection of participants' patient chart notes

2) Assessment Preview (~1 week following enrollment)

- Multidisciplinary meeting of faculty and staff to review data obtained from enrollment and determine scope/design of the individual assessment

3) Assessment (~4-6 weeks following preview)

- Takes place over 3-5 days at PACE office and UCSD Hospitals/outpatient clinics

Assessment Program Logistics

5) Reviewing Results (~3-4 weeks following assessment)

- Multidisciplinary meeting of faculty and staff to review data obtained from assessment to analyze performance and determine recommendations (if any)

5) Final Report (~2 weeks following review of results)

- Includes final grade and recommendations (if any) required to ensure optimal practice and patient safety

Overview of PACE Physician Enhancement Program (PEP)

Nate Floyd
Administrative Director
UC San Diego PACE Program

Physician Enhancement Program (PEP)

- Became operational in 2004
- PEP is an on-site, in-practice physician monitoring program.
- Alternative program to cover Medical Board of California's (MBC) Practice Monitoring requirement
- Purpose:
 - Monitor safety to practice
 - Mentor the physicians to attain professional growth and clinical excellence.
 - PEP is a monitoring program that also provides mentoring.

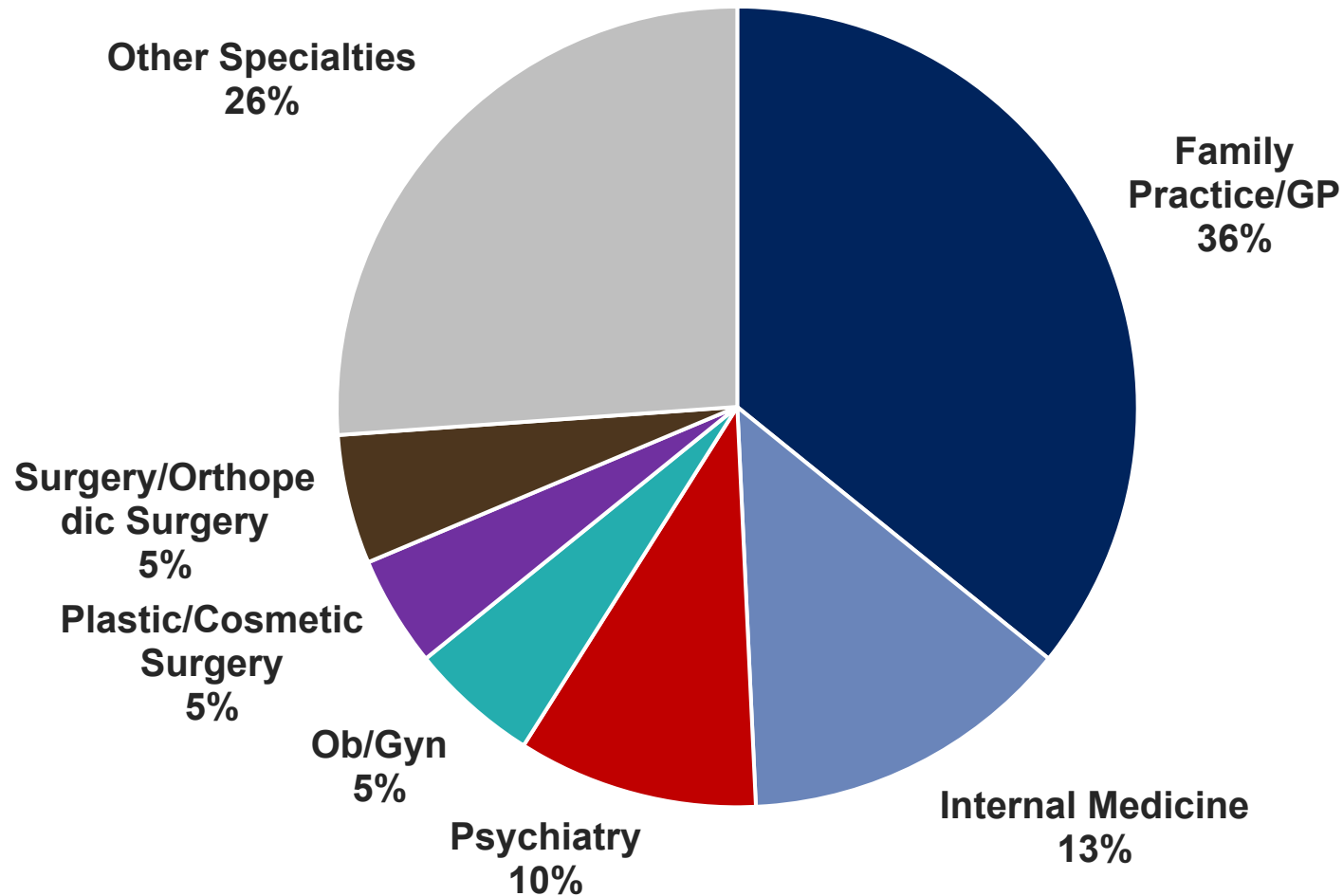
Physician Enhancement Program (PEP)

- 4 Core Components of PEP:
 - The monthly chart audit review
 - Monthly telephone follow-up
 - Quarterly reports to document participant performance
 - Twice annual site-visits at the participant's clinical practice
- Additional Components include
 - Initial/ongoing review of CME and CPD activities
 - Creation of personalized professional practice development plan (PPDP)
 - Billing monitoring

PEP Participants

- Total number of participants since inception = 167
 - Average length of participation = 21.4 months
 - Average age = 58
 - Number referred by MBC = 93%
 - Number of male = 80%
 - Number of female = 20%
 - Board certified = 55%
 - US/Canadian Medical School graduates = 65%
 - International Medical School graduates = 35%

Specialty Breakdown



PEP Mentors

- We assign board certified mentors to work with each participant based upon their medical specialty or scope of practice.
 - Vast majority are UCSD clinical faculty (91%)
 - Physicians from the community are recruited as needed
- All PEP Faculty Mentors receive one-on-one training and orientation prior to working with a participant.

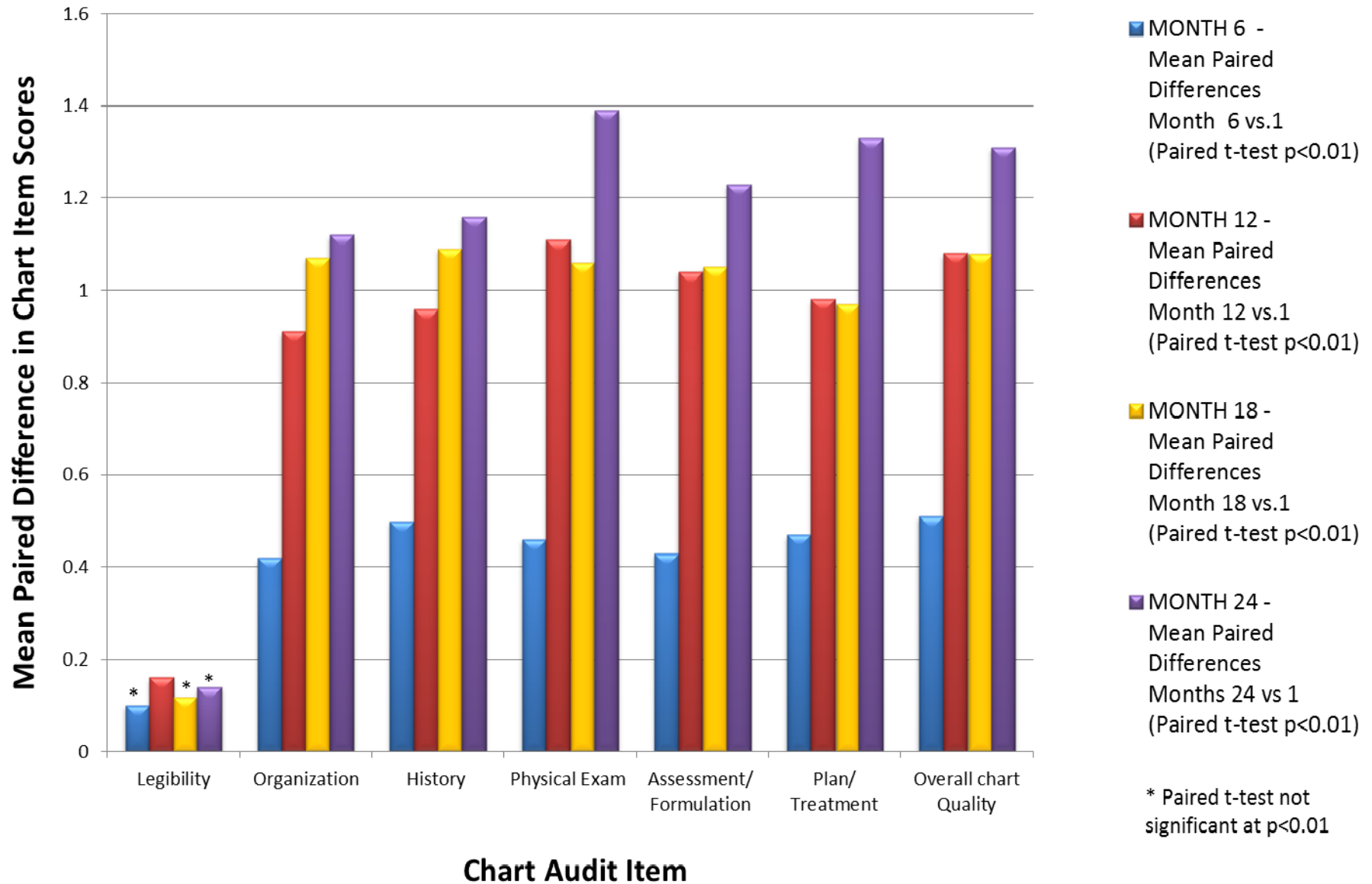
Physician Enhancement Program (PEP)

- UCSD PEP Faculty Training and Orientation Topics:
 - Reviewing the Participant's background information (CV, MBC documents, PEP Health Professional Intake Data Forms, etc.)
 - Reviewing how to evaluate monthly chart notes using PACE's Standardized Chart Auditing Tool
 - Providing feedback to the participant Re: monthly chart notes
 - Writing required PEP Reports
 - Creating personalized Professional Practice Development Plan (PPDP)

PEP Research Study/Question:

Do physicians display improved charting skills during their participation in the Physician Enhancement Program (PEP)?

Mean Paired Differences of Chart Audit Item Scores for Month 1 vs. Months 6, 12, 18 and 24 in the PEP Program



Conclusions:

- This evaluation of PEP indicates that it is an effective form of physician education resulting in improvements in charting skills.
- Future research should evaluate if the improved charting skills found in this study are sustained after the physicians are no longer on probation (i.e., still required to have a practice monitor).

Questions?



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