Wellness & Prevention: Issues for increasing effectiveness of programs

Michael V. Williams, Ph.D

Principal, PRC-International

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Focus of the briefing

The MBC is undertaking a Wellness focused approach to the health and well being of California physicians. There are many issues to be addressed in such an approach. In this briefing I wish to discuss two:

- Nature/focus of the wellness program; and,
- The structure of the wellness outreach for greatest efficacy.

While no physician should be ignored, targeting resources in a public health sense most effectively focuses scarce resources.

Wellness programs

Wellness is a broad area, early efforts might be effectively focused on a sub-set of wellness issues:

We suggest that the focus be on those areas of wellness most clearly associated with issues of dyscompetence.

Prevalence of dyscompetence

The number of dyscompetent physicians has been estimated to range from .01% to 50%.

Class	Data source for Estimation	Range	Strengths	Weaknesses
Underperformance	Medical record review	0.6 to 50	Population-based estimate from medical record	Possibly over- estimate of medical estimates error rate
	In-process reviews	2 to 15	Population-based estimate from medical record	No similar data in estimate of medical US record
	Recertification rates	1 to 14	Based on ABMS	Not all physicians recertification data are board certified, and some who are have "grandfathered" status
Dyscompetence	Disciplinary action	0.3	Direct assessment of physician actions	Complaint driven, includes nonprocedural infractions
	Litigation	7	Direct assessment of physician actions	Litigation driven, imperfect relationship between claims paid and error s
Error Rates	Institute of Medicine	0.1 to 0.2/ hospitalization	Relates directly to outcome	Strictly hospital hospitalization based
	Record review	0.01 to 0.1/ hospitalization	Based on hospital	Strictly hospital procedure records based

Prevalence of dyscompetence

In part this number varies by method of estimate, but in part it varies by whether the issue is true dyscompetnce or something that might be termed "paracompetence"

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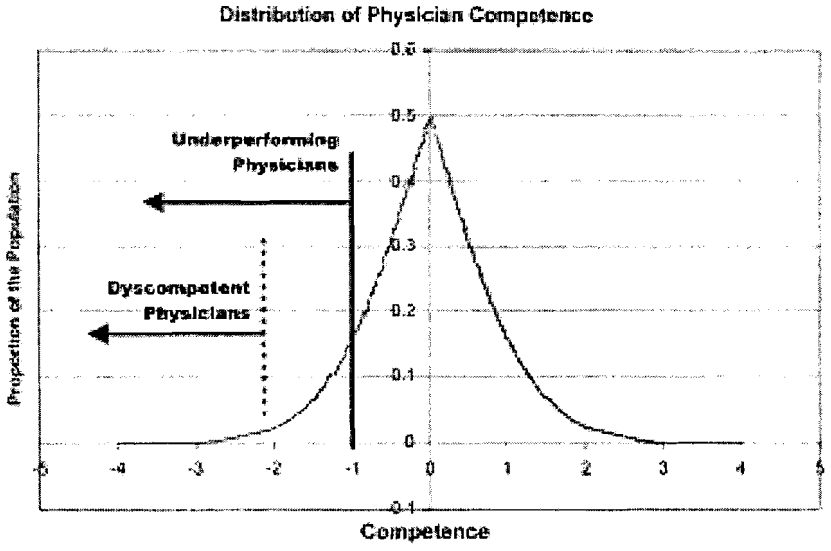


Figure 1. The sampling distribution of physicians ordered by competence showing proportion of underperforming physicians and among them dyscompetent physicians.

Prevalence and dyscompetence

The prevalence of competence issues in the physician population:

- Those physicians performing at approximately 2 - 3 standard deviations below the mean of physician performance might be considered dyscompetent (.15 - 3%);
- Those physicians performing 1 standard deviation below the mean might be considered underperforming or paracompetent (another 12 - 13%).

Incompetent physicians pose a clear threat to patient safety while paracompetent physicians need processes and support to prevent their becoming incompetent.

Wellness and dyscompetence

A number of factors are related to competence

- Age
- Neuropsychological functioning
- Substance use
- Stressors

Are among the most common cited issues.

Wellness and dyscompetence - Age

Issues:

Age can affect competence in a number of ways:

- Age correlated illness
- Ontogenetic correlated changes in cognition
- Age correlated social changes

Age also has positive affects on competence:

- Experience
- Stores of knowledge

Wellness and dyscompetence - Age

Approaches:

Age correlated illness:

- Treatment - identification and referral
- Education - identification and compensatory mechanisms

Ontogenetic correlated changes in cognition

- Education - Compensatory mechanisms
- Education - Changes in practice patterns

Age correlated social changes

- Education - participation in professional process
- Education - increased choice in role

Wellness and dyscompetence - Neuropsychological functioning

Issues

Neuropsychological insults

- Focal deficits
- Deficits in memory
- Deficits in executive function

Dementias

Wellness and dyscompetence - Neuropsychological functioning

Approaches

Treatment

- Neuropsychological Assessment
- Functional Assessment

Education

- Compensatory mechanisms
- Changes in practice patterns

Wellness and dyscompetence - Substance use

Issues

Substance use can affect:

- Judgment
- Memory
- Mood
- Social/Professional activities
- Economics
- Social/Personal relationships

Wellness and dyscompetence - Substance use

Approaches

Treatment

- Assessment
- Primary treatment
- Recovery

Education

- Maintenance
- Reentry
- Prevention

Wellness and dyscompetence - Stressors

Issues

Sources

- Economic
- Professional
- Social/Professional
- Social/Personal

Wellness and dyscompetence - Stressors

Approaches

Treatment

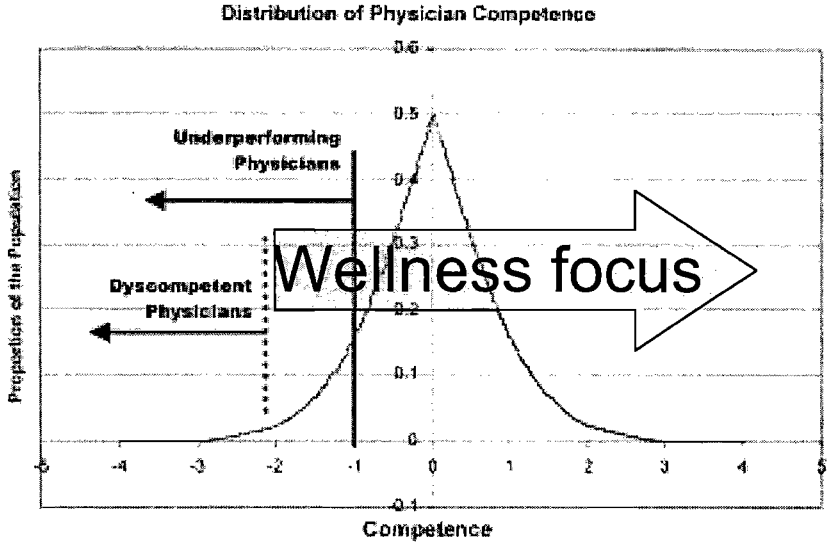
- Assessment
- Immediate intervention

Education

- Compensatory mechanisms
- Changes in practice patterns
- Prevention

Wellness and dyscompetence - Identification

The focus of wellness should extend to the "paracompetent" and the competent - increasing the pool from 1 -3 % to approximately 97% of physicians.



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Wellness and dyscompetence - Identification

Wellness approaches should be based on active identification of potential participants:

- Credentialing
- Screening Assessment
- Full assessment
  - Medical/Psychiatric/ Psychological assessment
  - Functional/competency assessment