

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

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# Overview of PACE Clinical Competency Assessment

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# 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.

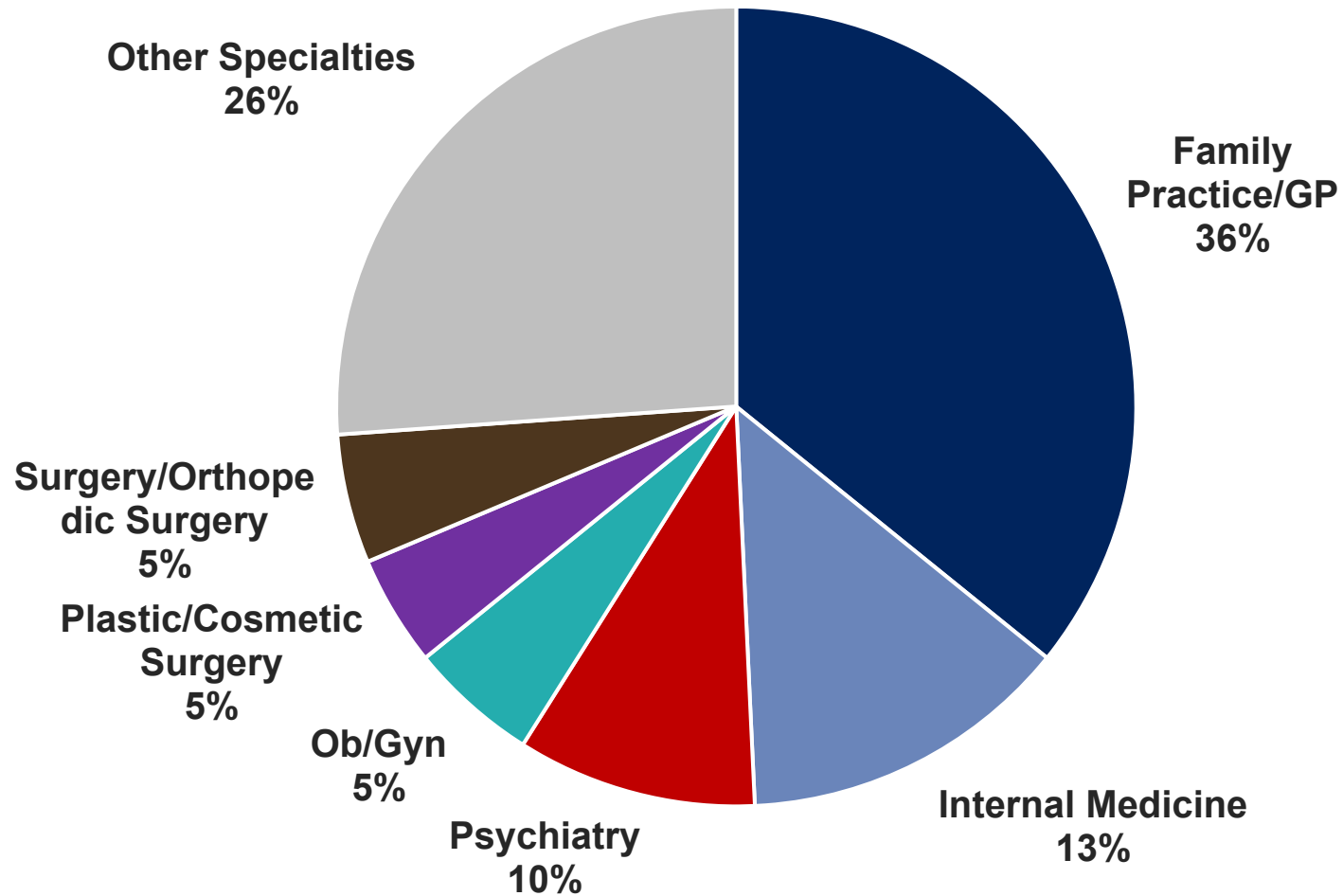
# Physician Enhancement Program (PEP)

- 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.

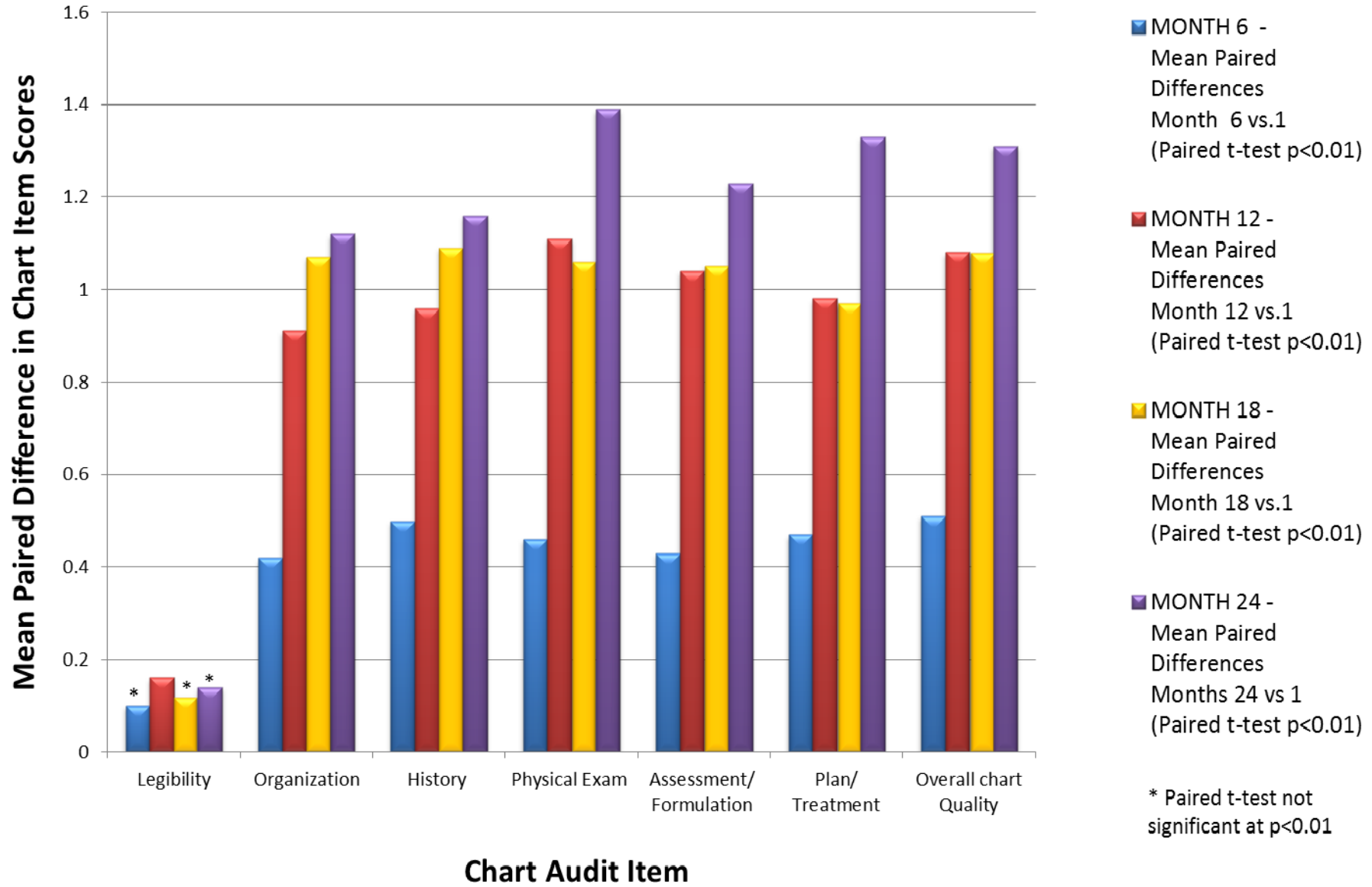
# Physician Enhancement Program (PEP)

- 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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