



CPEP

*The Center for Personalized Education for
Physicians*

Partnering for Patient
Safety



Who we are...

- ✓ Independent, not-for-profit organization
- ✓ Founded by leading Colorado organizations
- ✓ Nationally recognized leader in competence assessment and education
- ✓ Funded by participant fees and donations

Colorado based - National resource

American Medical Association

FOCUSED/PRESCRIBED/REMEDIAL MEDICAL EDUCATION

FOR ENHANCED CLINICAL COMPETENCE

A Planning Conference

JANUARY 28-29, 1989

“... highly complicated and sensitive matter of providing help to physicians whose practice performance is sub-par.”

FOREWORD

This Conference--on the complex and important (and difficult to find a suitable name for) subject of focused, prescribed, remedial medical education--was held in San Francisco in late January 1989.

The reasons for holding the Conference were clear. There was need for some consciousness-raising in the field about the highly complicated and sensitive matter of providing help to physicians whose practice performance is sub-par. There was need to review the current state of the art, the parties involved in the process, and the kinds of methods that can be deployed. Especially, there was need to bring together representatives of the diverse groups that are involved in dealing with the subject.

Planning for the Conference was done by a small committee: Richard N. Pierson, Jr., M.D., Chairman; David A. Davis, M.D., John T. Kelly, M.D., Ph.D., Frances M. Maitland, Thomas C. Meyer, M.D., Thomas E. Piemme, M.D. and Dennis K. Wentz, M.D.

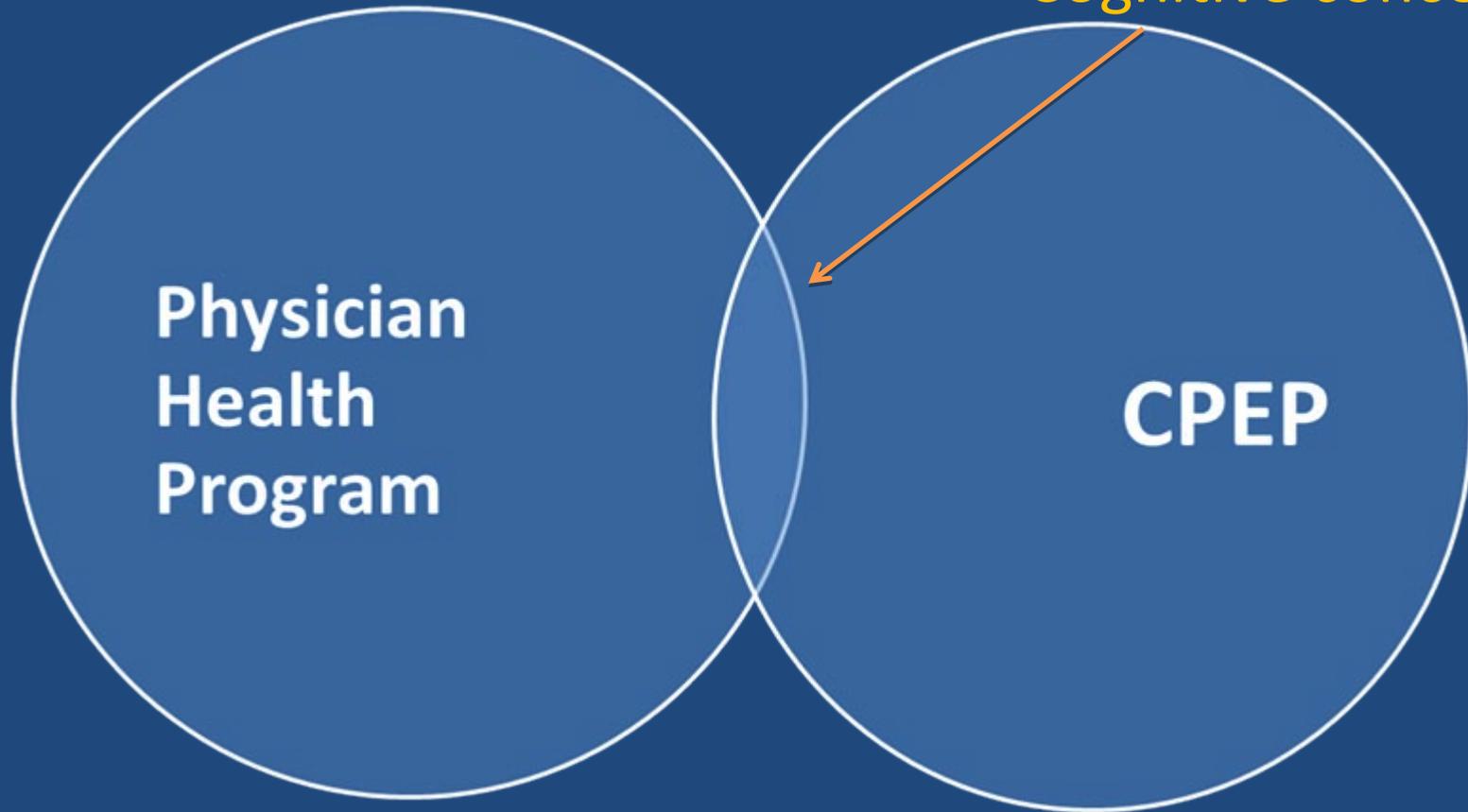
Organizational sponsorship was broad and included the Alliance for Continuing Medical Education, the American Hospital Association, the American Medical Association, the American Medical Review Research Center, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, the National Medical Association, and the Society of Medical College Directors of CME.

Funding--for the expenses of the Conference and of the printing and distribution of this Summary--came partly from registration fees. In addition, there was generous support from the AMA Education-Research Foundation, the National Fund for Medical Education, and The Upjohn Company.



Differentiating from PHP

Cognitive concerns



Back on Track!



RESTORE clinicians to safe clinical practice

RETAIN clinicians in the workforce

Help clinicians **REENTER** practice after an absence

Competence Assessment/ Educational Intervention

- **Conducted 1300+ assessments**
 - 60+ medical and surgical specialties
 - Physicians
 - Physician Assistants
 - Advance Practice Nurses
 - Podiatrists
- **Referrals from 50 states and Canada**
- **Physician-driven process**



Program Services

Clinical Practice Reentry

Total Participants: 125+

Initiated in 2003

Practice Monitoring

Participants from CO and other states

Initiated 2008

Seminars

Documentation Seminar

Total Participants: 600+

Offered in CO and KY

Established in 2003

ProBE – Ethics Program

Total Participants: 1000+

Offered in CO, NJ, and Canada

Founded in 1992; offered by CPEP since 2007

What's New at CPEP?



CPEP IN NORTH CAROLINA

Opening July 2014



Clinical Practice Reentry Initiative



Grant from Colorado Health Foundation

- ✓ Rebranding and building awareness
- ✓ Develop PA-specific processes
- ✓ Create preceptor sites and curriculum

Will benefit *all participants* – in CO or other states

Convening on Reentry into Clinical Practice



**BRINGING TOGETHER REPRESENTATIVES FROM DIVERSE SECTORS OF
THE HEALTHCARE SYSTEM TO CREATE A
ROADMAP FOR REENTRY INTO CLINICAL PRACTICE. . .**

www.cpepdoc.org/reentry/roadmap-to-reentry

FUNDED BY CONVENING FOR COLORADO GRANT FROM THE COLORADO TRUST

Center of Excellence in Anesthesiology Reentry



A collaborative partnership

CPEP

and the

Department of Anesthesiology

University of Colorado School of Medicine



Clinical Competence Assessment and Education

Questions about competence

- Practicing outside of scope of training (practice drift)
- Fitness for Duty (following health issue)
- Patient complaints or poor outcomes
- Failure to treat or failure to diagnose
- Questions about procedural skills/decisions
- Improper prescribing practices
- Multiple malpractice suits
- Seeking to resume practice after suspension

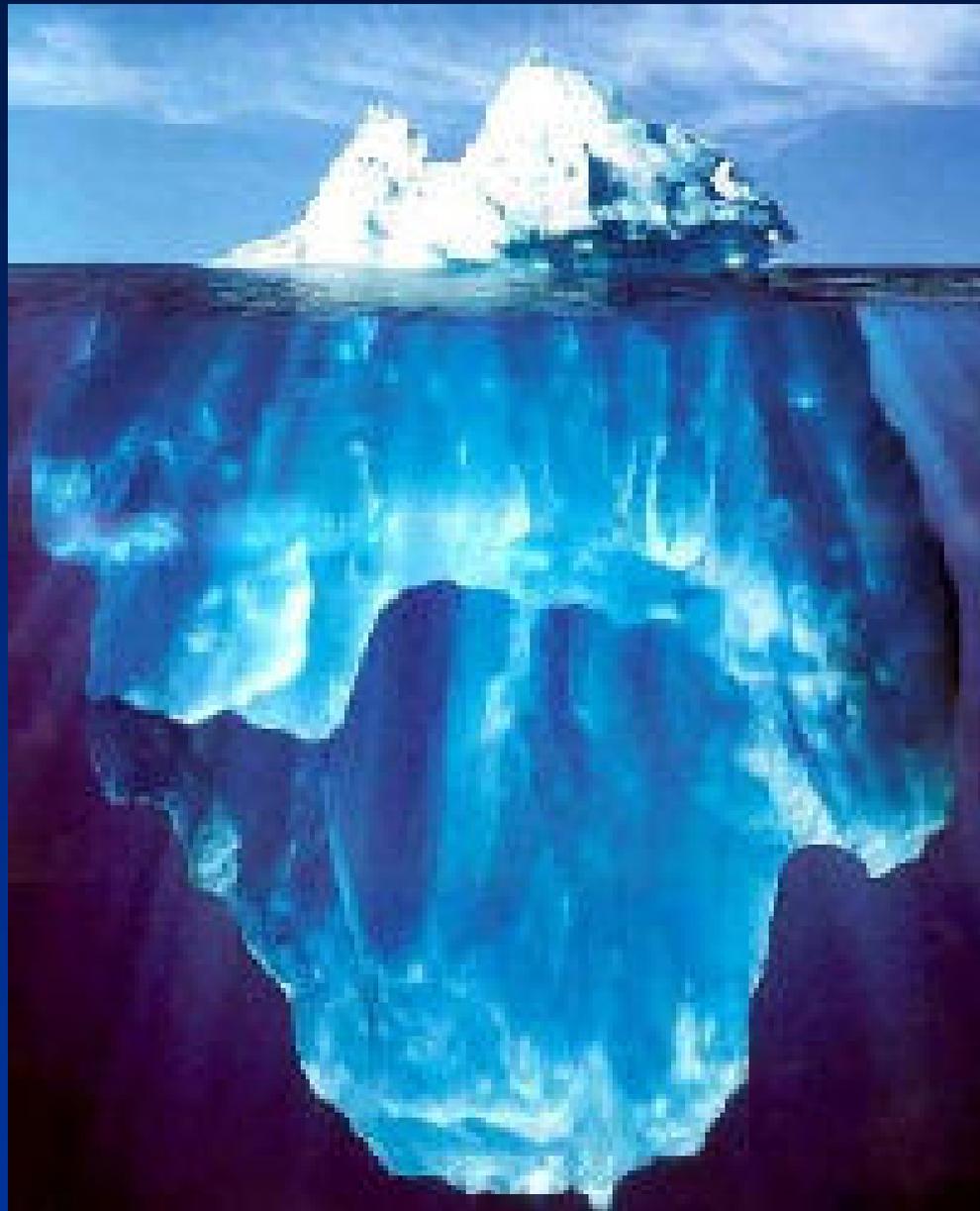
Aging Physician Population

AMA Masterfile 2011

- In 1985, 9.4% of physicians were 65 or older
- In 2005, 12% were 65 or older
- In 2011, 15% over 65; mean age 52

FSMB Study of Licensed Physicians 2012

- 50% of US physicians are over 50
- 26% are over 60



The Training Rule

**It's difficult to fix a problem
unless you know what the problem is...**

Diagnose first. . .

**treat only when you have made the
diagnosis.**



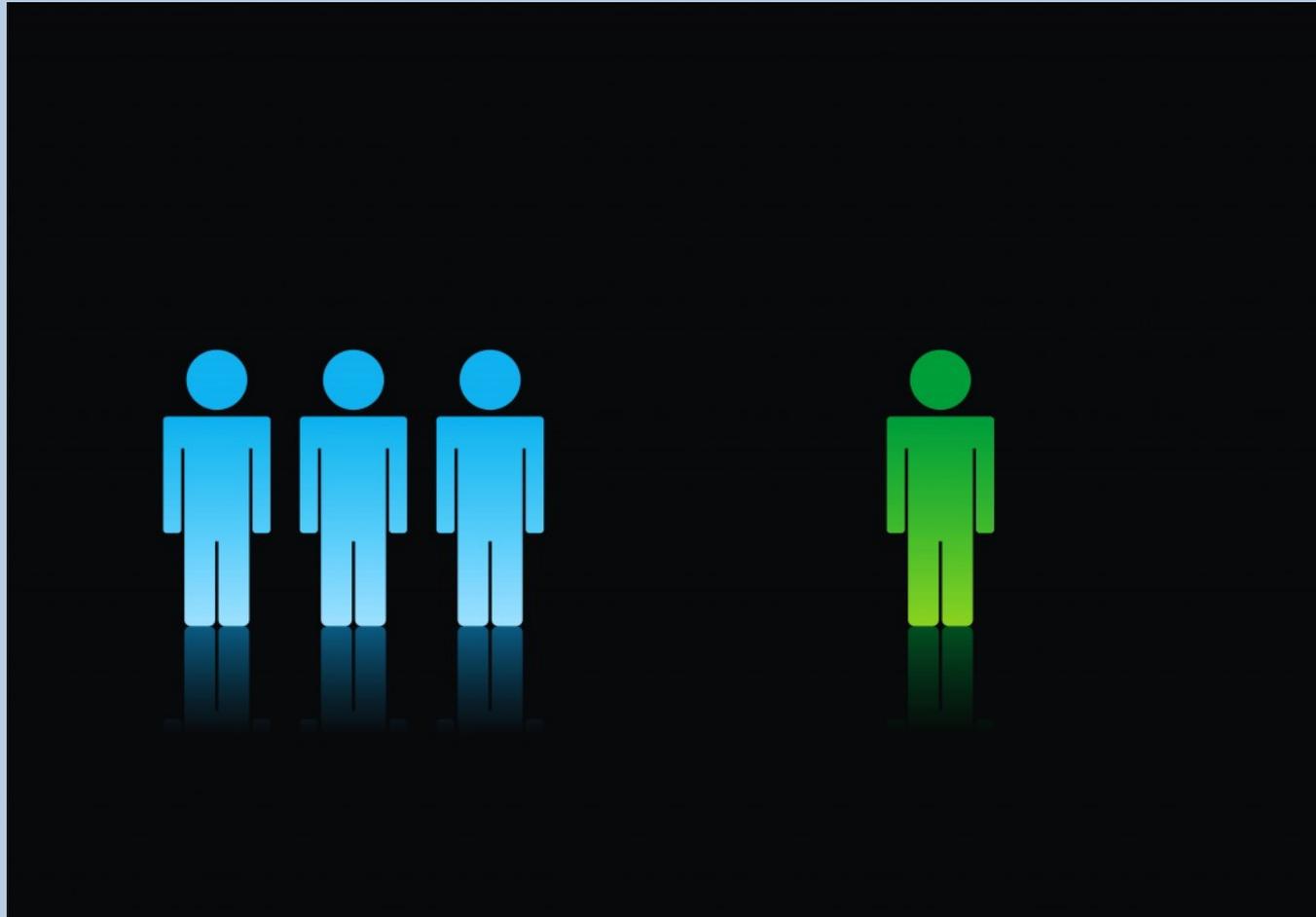
Competence Assessment/Education.... Based on Medical Education Model



- 1) Conduct comprehensive clinical competence assessment**
- 2) Design and implement educational intervention**
- 3) Determine effectiveness**



All Programs are not the Same



Assessment process

- ◆ Two-day evaluation in Denver
- ◆ Tailored to individual clinician
 - ◆ Incorporates reasons prompting referral
- ◆ Focus on *application of knowledge in practice*

Personalization

Practice-specific Design

- ◆ FP with OB
- ◆ Primary Care and Bariatrics
- ◆ Orthopedic Hand Surgery
- ◆ Urgent Care and Aesthetic Medicine
- ◆ Robotic Surgery



Osteopathic Physician

- ◆ Clinical team includes
 - Matched specialty physicians
 - At least one osteopath
- ◆ OMT addressed

Physician Assistant

- Clinical team includes:
 - PAs with matched practice focus
 - Physicians who supervise PAs
- Supervision addressed

Core Competencies	Assessment/Education Process					
	Clinical Interviews	Simulated Patients	Patient Records	Written Testing	Practice Profile	Educational Intervention
Patient Care	✓	✓	✓			✓
Medical Knowledge	✓	✓	✓	✓		✓
Practice-based Learning						✓
Communication	✓	✓	✓			✓
Professionalism	✓	✓	✓		✓	✓
Systems-based Practice	✓		✓		✓	✓

Test modalities

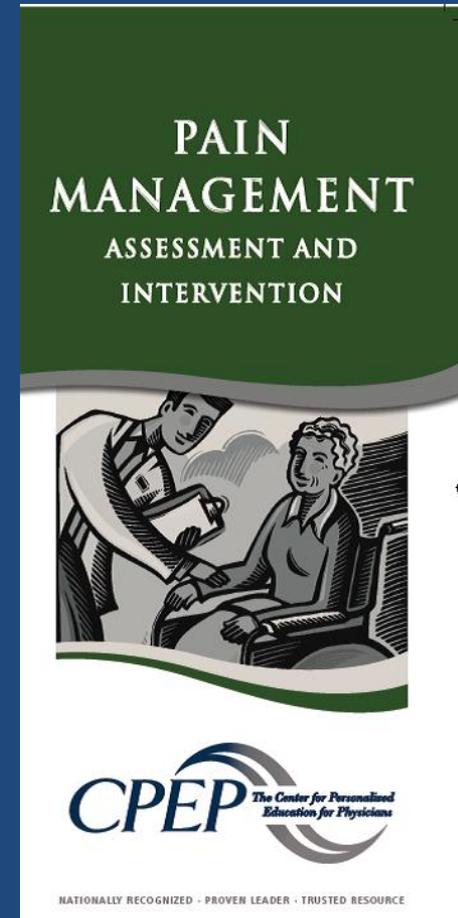
- ◆ *2-3 specialty matched clinical interviews*
- ◆ *Review of 24-36 patient records*
- ◆ Written tests (depending on specialty)
 - ◆ NBME exams provided through PLAS
- ◆ Simulated patients
- ◆ Cognitive function screen
- ◆ Review participant health information

What's new in...

Clinical Competence Assessment

Pain Management

- ✓ Incorporates principles endorsed by FSMB
- ✓ Examines both what the physician *knows*, and what the physician *does*
- ✓ Customized to participant's scope of practice:
 - ✓ Pain Management Specialty
 - ✓ Primary Care w/ Pain Management as part of scope
 - ✓ Dual Specialty w/ Pain Management

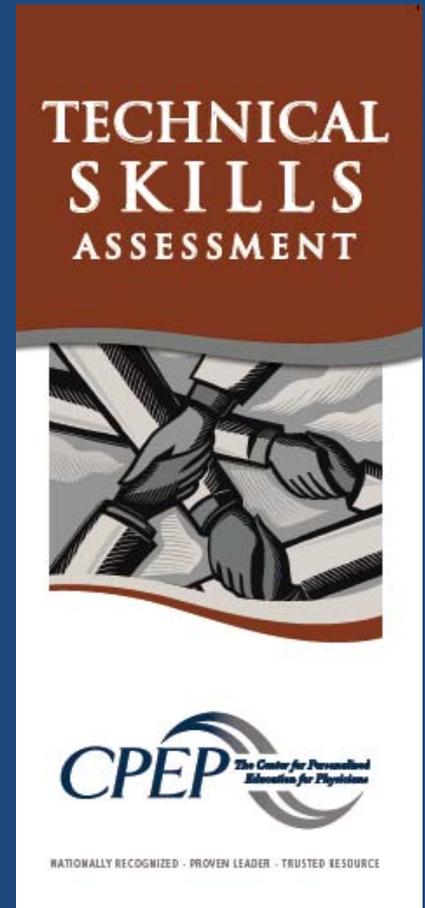


What's new in...

Clinical Competence Assessment

Technical Skills Testing

- ✓ For anesthesiologists, **Difficult Airway Management simulation**
- ✓ For surgeons who perform laparoscopy, **Fundamentals for Laparoscopic Surgery**
- ✓ Offered in conjunction with Colorado School of Medicine/Anschutz Medical Campus
- ✓ Test included as component of assessment



Aging Physician

Rigorous evaluation of lapses should be norm, regardless of age

– Consider health or skills evaluation

- **Detecting subtle cognitive or physical impairment difficult**
- **Must determine ability to practice with skill and safety**

– Evaluation can help determine next steps

- **Further evaluation**
- **Educational intervention**
- **Accommodation/limitation of practice**
- **Permanent disability/retirement**

Assessment Findings

Limited/no educational needs	15%
Moderate educational needs	29%
Broad educational needs	43%
Global deficiencies	13%

One size does not fit all...

Educational Intervention

- **Develop Education Plan**
 - Specific objectives, activities timeframe
- **Activities, intensity and length**
 - Determined by areas of educational need
 - Impacted by participant motivation
 - Focus on application to actual practice
- **Measurable performance objectives**

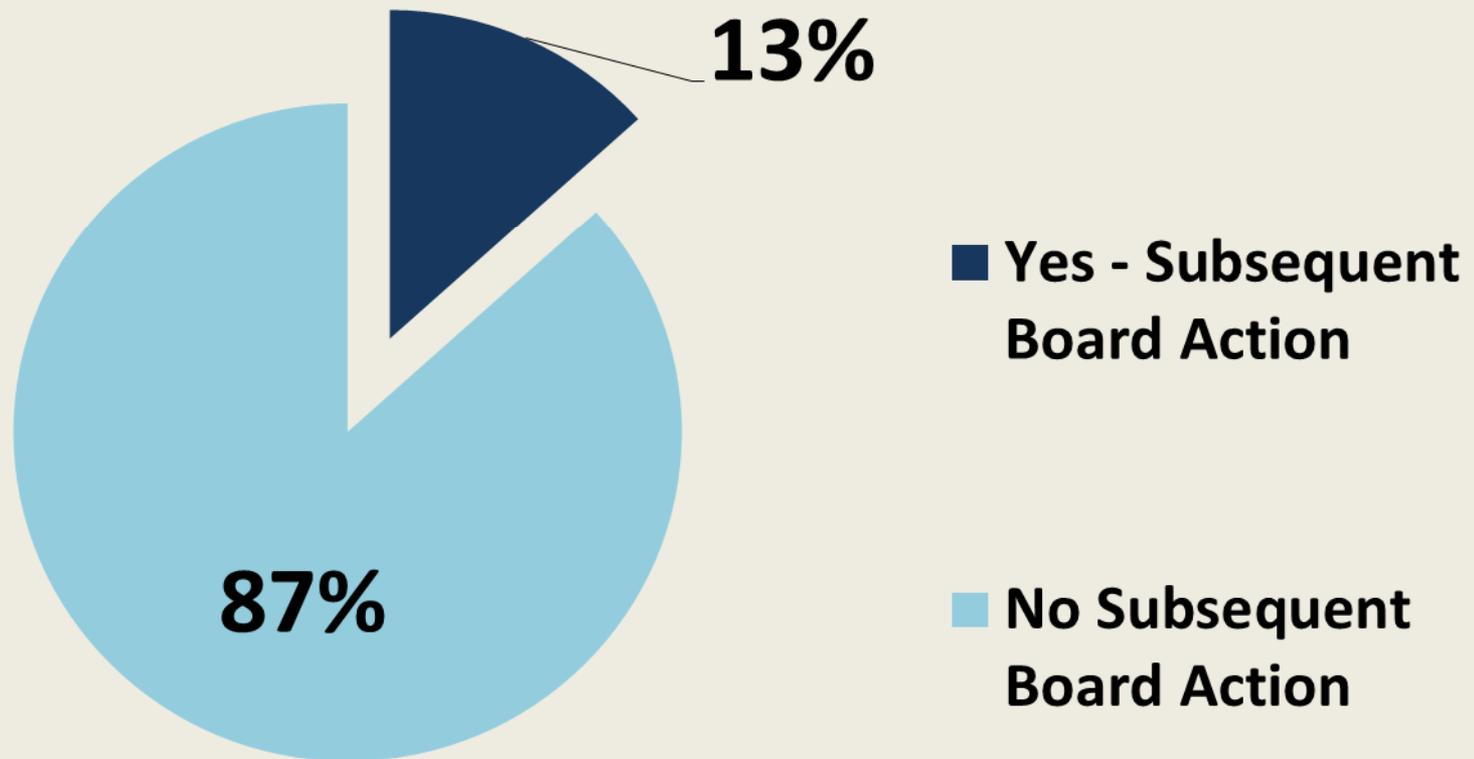
Practice-based Education

- ◆ Multiple educational strategies over time
- ◆ Practice-based education
 - ◆ Preceptorship and/or supervised patient care
 - ◆ Uses resources in home/nearby community
- ◆ Adapt to urban or rural practice
- ◆ Participant usually can maintain active practice
- ◆ CPEP determines appropriate resources and reports progress

Goal: Achieve and sustain improvements in practice

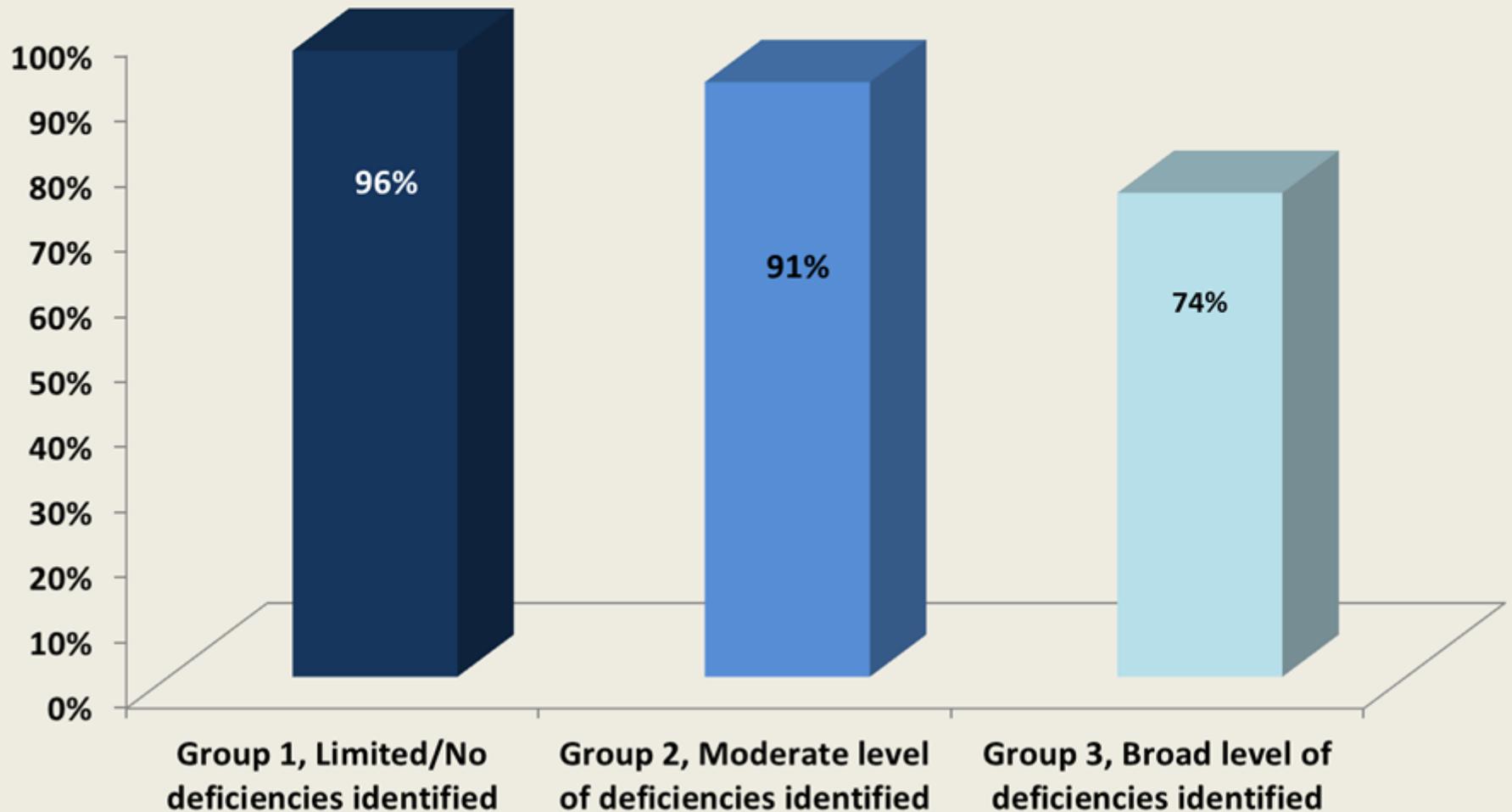
Recidivism Rate:

Participants Receiving Subsequent Board Action for Quality of Care Issues



Participant Success:

Participants without further Board Action





Clinical Practice Reentry Program

National Focus on Reentry

- Recognition that physicians reentering practice can help address provider shortage
- Responsibility to ensure competence and patient safety
- FSMB, AMA, ACOG releasing guidelines

Physician Reentry: What Employers Need to Know

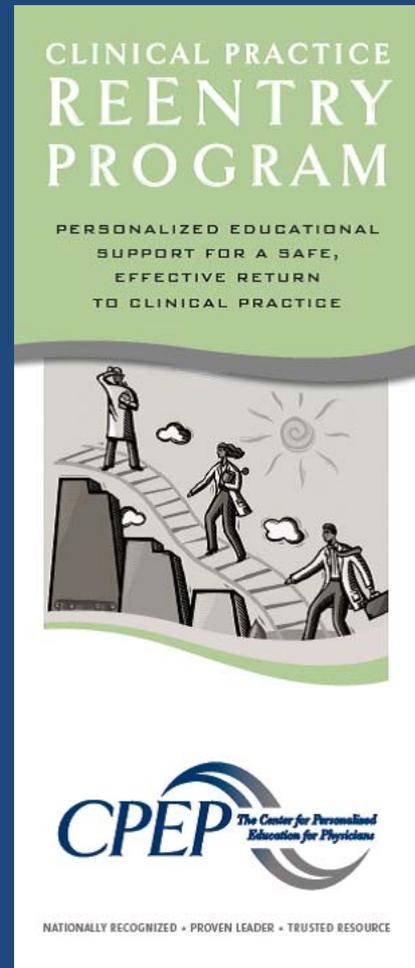
Physician Reentry into the Workforce Project sponsored by the AAP

www.physicianreentry.org

Clinical Practice Reentry Program

Protecting patient safety while supporting safe return to practice

- ✓ Designed for professionals returning to practice *following voluntary absence*
 - Physician, PA, Podiatrist, Advance Practice Nurses
- ✓ Inform board about the clinical competence of reentry providers
- ✓ Assist the physician in the identification of educational weaknesses and structure transition back into practice

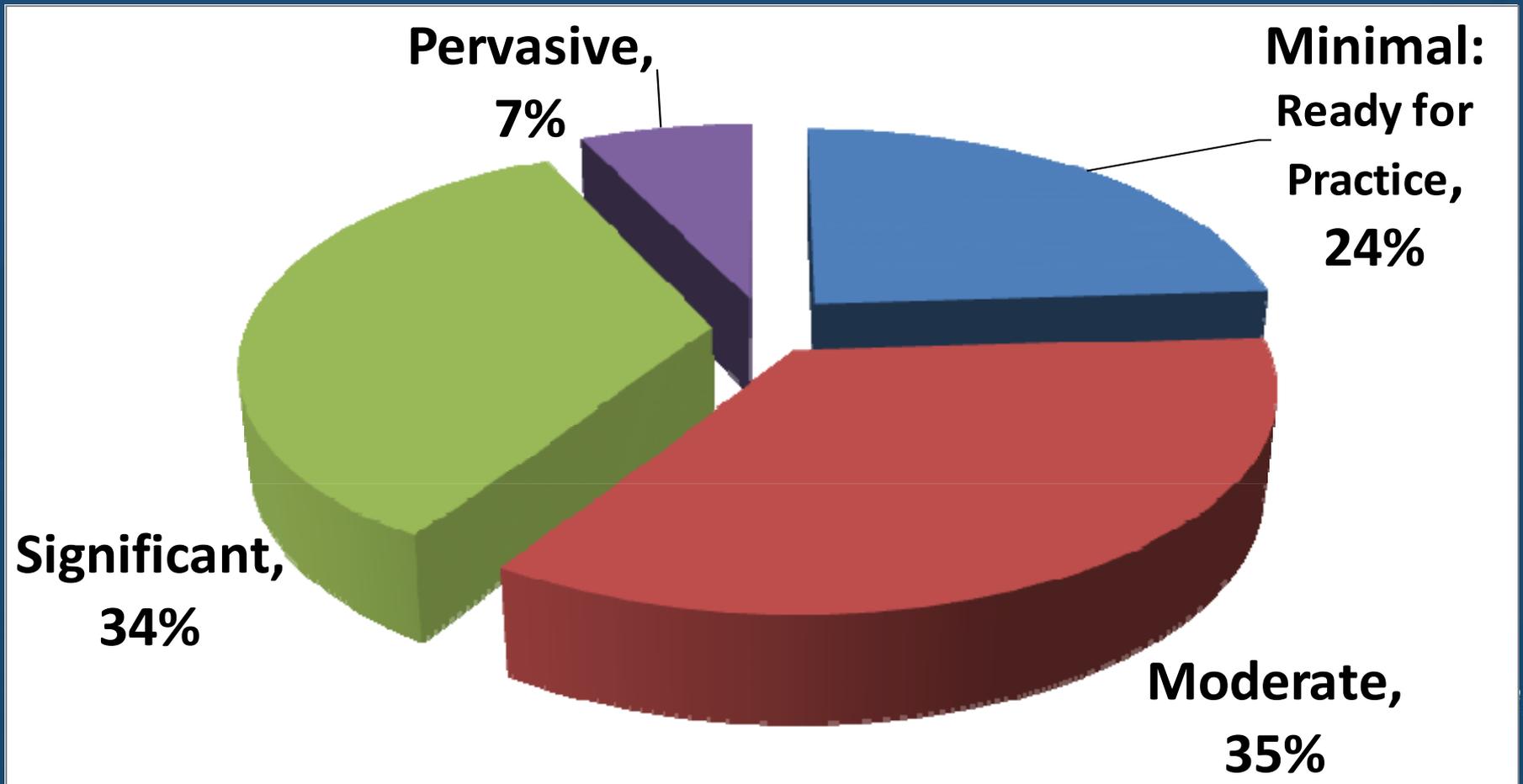


Reentry Program: Who?

- Seeking privileges after absence for:
 - Time out to raise children or care for family member
 - Pursuit of other career options (medical administrator, non-clinical career)
 - Returning to practice after an illness
 - Seeking to expand scope of practice (resume obstetrics care)

Are they ready?

Educational Needs



Performance Rating by Years Out of Practice

Years Out Of Practice	# of Participants to Achieve Rating				Average Rating
	1	2	3	4	
1-5 yrs	7	5	7	0	2.00
6-10 yrs	6	13	7	2	2.18
11-15 yrs	2	2	5	1	2.50
>16 yrs	0	2	2	1	2.80
Total	15	22	21	4	2.23

*Performance rating scale: 1 (no/limited educational needs) to 4 (global deficits)

Performance Rating by Age

Age	# of Participants to Achieve Rating				Average Rating
	1	2	3	4	
30-39 yrs	1	2	2	0	2.20
40-49 yrs	6	6	3	0	1.80
50-59 yrs	4	11	10	0	2.24
60-69 yrs	3	3	5	1	2.33
70-79 yrs	1	0	1	3	3.20
Total	15	22	21	4	2.23

*Performance rating scale: 1 (no/limited educational needs) to 4 (global deficits)

Study Conclusions

- ◆ Many reentry clinicians are not ready to “jump into” practice
- ◆ Findings support reentry policies
 - Consider age and time away from practice
- ◆ They can be successful!

Case Study

Family Obligations



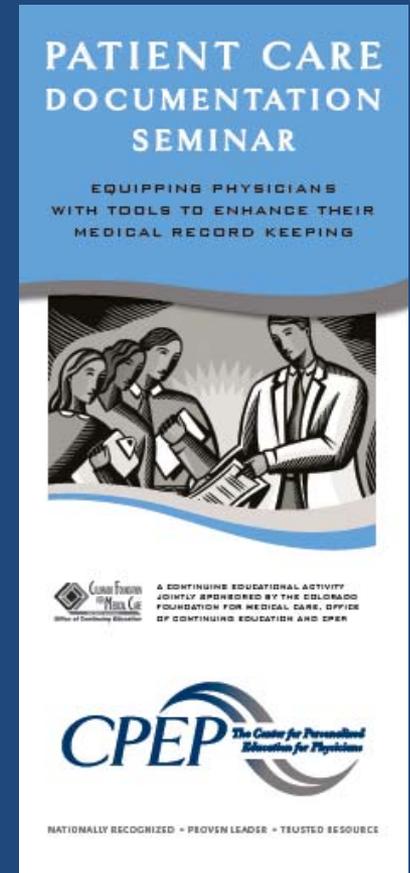
- Knowledge gaps
- Judgment marred by lack of confidence
- Participated in structured education, including initial supervision



Medical Record Keeping

Medical Record Keeping and Follow-up Program

- ✓ 8-hour seminar
 - ✓ Includes chart review
 - ✓ Addresses common errors in EMR
 - ✓ Cost \$900
 - ✓ Receive CME
- ✓ Offered 4 times per year (Denver, KY)



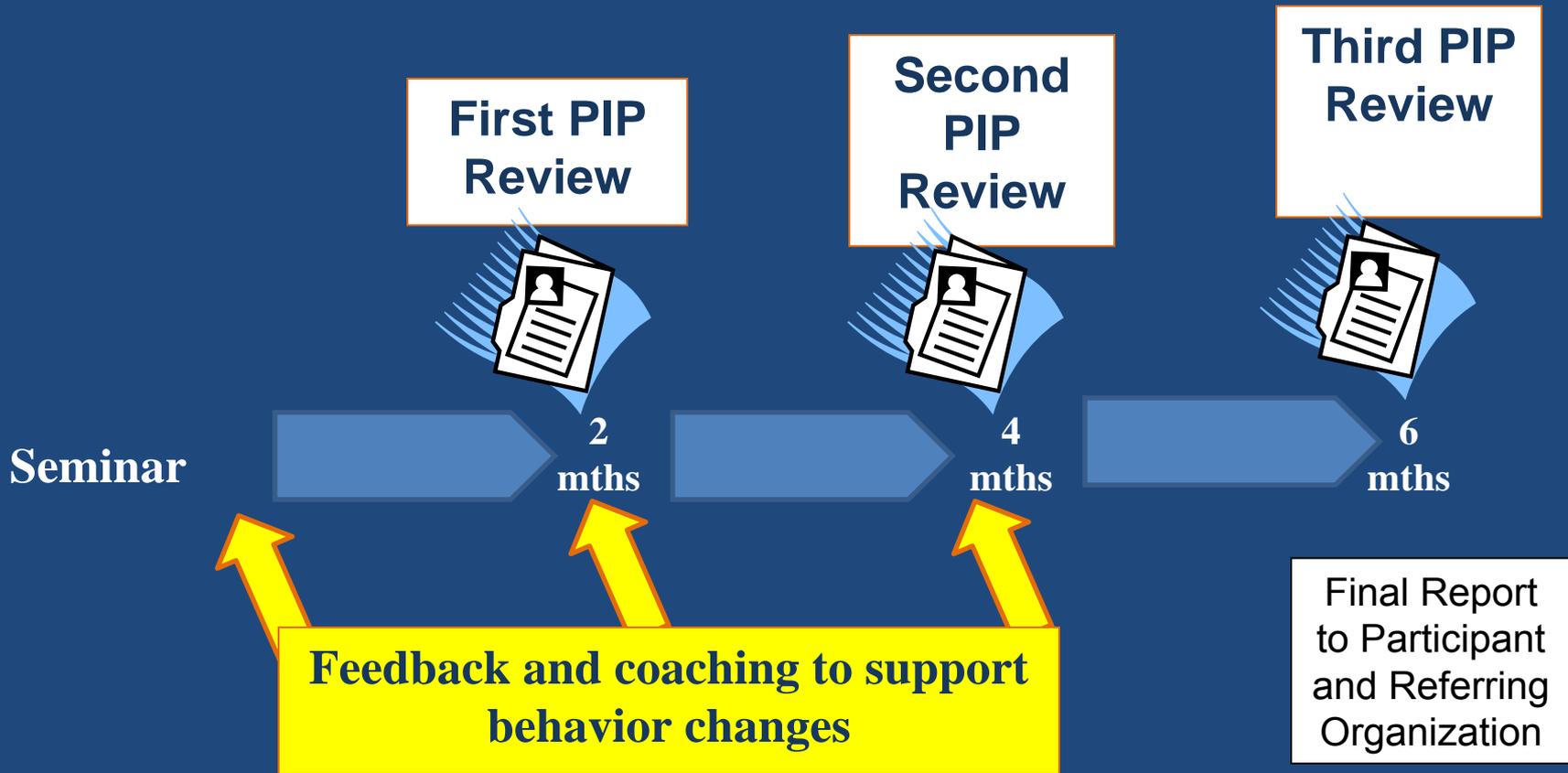


Taking it home...

Personalized Improvement Program (PIP)

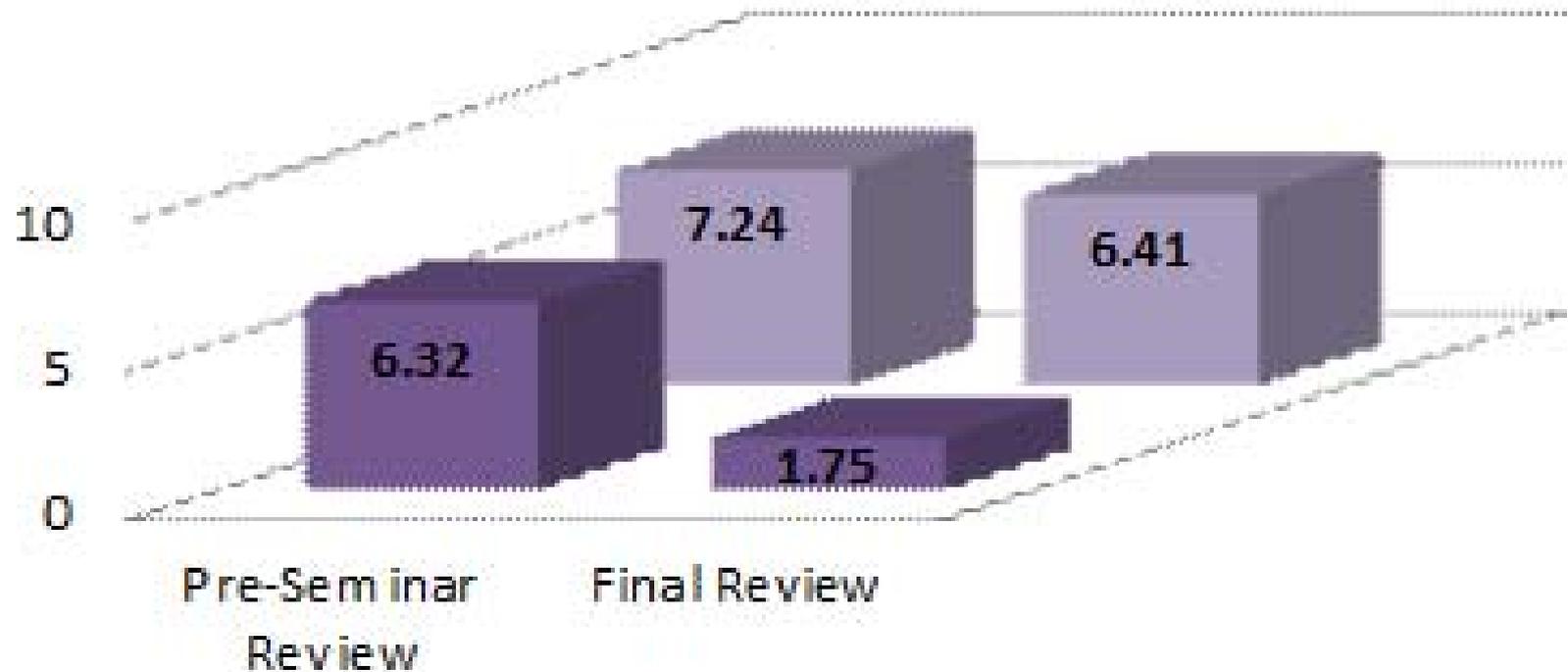
- ✓ **6-month follow-up program**
- ✓ **Support application of new skills in daily practice**
- ✓ **Pass/Fail determination**
- ✓ **Cost: \$1,500**

Optional – Board should specify follow-up in order



Follow-up Process

Average Number of Deficiencies: Pass vs. Fail



■ Participants who Passed Follow-up (N=69)

■ Participants who Failed Follow-up (N=17)



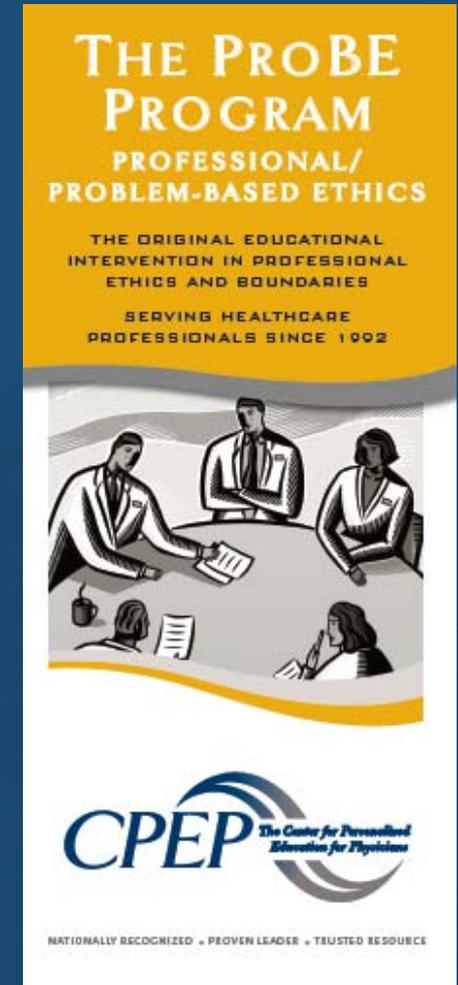
ProBE Program

Ethics-Professionalism- Boundaries

ProBE Program

Professional/Problem-based Ethics Intervention

- ✓ Intervention to address violations of ethics, boundaries or professionalism
- ✓ Maximum enrollment 16 participants
- ✓ Offered in Colorado, New Jersey, North Carolina and Ontario
- ✓ Cost \$1,695



Ethical expectations apply to all...

ProBE Participants

- Physicians
- Dentists
- Nurses and APRNs
- Podiatrists
- PTs
- Chiropractors
- PAs
- Pharmacists
- Students
- Others

Boundaries

- ✓ Dual Relationships
 - Favored treatment; borrowing money
- ✓ Sexual Misconduct
- ✓ Supervisory Responsibilities
 - Allowing unlicensed individuals to render care
 - Inadequate supervision
- ✓ Privacy and Respect Violations
 - Harassment; accessing privileged information
- ✓ Drug Diversion

Misrepresentation

- ✓ Recall of National Exam items
 - Posting on shared email account
- ✓ Lying, omitting information on applications
- ✓ Credentials deception
- ✓ Scope of practice issues
- ✓ Practicing without a license

Financial Issue

- ✓ Health insurance fraud
- ✓ Inaccurate billing, up-coding, fee-splitting
- ✓ Kick-backs
- ✓ Billing for services not provided
- ✓ Unnecessary testing/treatment
- ✓ Internet drug prescribing
- ✓ Self-referral, conflict-of-interest

Other

- ✓ Clinical issues/negligence
- ✓ Poor record-keeping involving communication (IC)
- ✓ OSHA violations
- ✓ Abandonment of patients
- ✓ Breach of confidentiality or privacy
- ✓ Impairment
- ✓ Professional accountability

ProBE Program

- ◆ 14 hours over 3 days
- ◆ 2 faculty
- ◆ Interactive
- ◆ Curriculum adjusted to address participant concerns
- ◆ Written assignments both before and after the program

Pass, Conditional Pass, or Fail

What to do when...?

- The participant passed, but the infraction was pretty egregious and I am uncomfortable letting this be the end of the matter?
- The participant got a conditional pass?
- The participant failed?

What to do when...?

- **Call to arrange discussion with Program Director**
- **Retake ProBE**
 - **Course director can discuss whether this would be appropriate**
- **ProBE Plus**
 - **Optional follow-up component to ProBE**
 - **Assigned specific faculty member**
 - **Teleconferences at 0, 6, 12 months**
 - **Additional reading and writing assignments**
 - **Final report to referring organization**



If you have questions...
CALL US @ 303-577-3232

www.cpepdoc.org