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
"... highly complicated and sensitive matter of providing help to physicians whose practice performance is sub-par."
Differentiating from PHP

Physician Health Program

CPEP

Cognitive concerns
Back on Track!

- **RESTORE** clinicians to safe clinical practice
- **RETAIN** clinicians in the workforce
- Help clinicians **REENTER** practice after an absence
• 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

Physician Assistant
• Clinical team includes:
  – PAs with matched practice focus
  – Physicians who supervise PAs
• Supervision addressed

Osteopathic Physician
♦ Clinical team includes
  – Matched specialty physicians
  – At least one osteopath
♦ OMT addressed
<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>Assessment/Education Process</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical Interviews</td>
</tr>
<tr>
<td>Patient Care</td>
<td>✓</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>✓</td>
</tr>
<tr>
<td>Practice-based Learning</td>
<td>✓</td>
</tr>
<tr>
<td>Communication</td>
<td>✓</td>
</tr>
<tr>
<td>Professionalism</td>
<td>✓</td>
</tr>
<tr>
<td>Systems-based Practice</td>
<td>✓</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Educational Needs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited/no educational needs</td>
<td>15%</td>
</tr>
<tr>
<td>Moderate educational needs</td>
<td>29%</td>
</tr>
<tr>
<td>Broad educational needs</td>
<td>43%</td>
</tr>
<tr>
<td>Global deficiencies</td>
<td>13%</td>
</tr>
</tbody>
</table>
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

- 87% No Subsequent Board Action
- 13% Yes - Subsequent Board Action
Participant Success:
Participants without further Board Action

- Group 1, Limited/No deficiencies identified: 96%
- Group 2, Moderate level of deficiencies identified: 91%
- Group 3, Broad level of deficiencies identified: 74%
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](http://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

- Pervasive, 7%
- Significant, 34%
- Moderate, 35%
- Minimal: Ready for Practice, 24%
# Performance Rating by Years Out of Practice

<table>
<thead>
<tr>
<th>Years Out Of Practice</th>
<th># of Participants to Achieve Rating</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1-5 yrs</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>6-10 yrs</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>11-15 yrs</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>&gt;16 yrs</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>22</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age</th>
<th># of Participants to Achieve Rating</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-39 yrs</td>
<td>1 2 2 0</td>
<td>2.20</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>6 6 3 0</td>
<td>1.80</td>
</tr>
<tr>
<td>50-59 yrs</td>
<td>4 11 10 0</td>
<td>2.24</td>
</tr>
<tr>
<td>60-69 yrs</td>
<td>3 3 5 1</td>
<td>2.33</td>
</tr>
<tr>
<td>70-79 yrs</td>
<td>1 0 1 3</td>
<td>3.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15 22 21 4</td>
<td><strong>2.23</strong></td>
</tr>
</tbody>
</table>

*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

Seminar

First PIP Review

2 mths

Second PIP Review

4 mths

Third PIP Review

6 mths

Feedback and coaching to support behavior changes

Final Report to Participant and Referring Organization
Average Number of Deficiencies: Pass vs. Fail

- Pre-Seminar Review:
  - Participants who Passed Follow-up (N=69): 6.32
  - Participants who Failed Follow-up (N=17): 1.75

- Final Review:
  - Participants who Passed Follow-up (N=69): 7.24
  - Participants who Failed Follow-up (N=17): 6.41
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