Potential Impact of Assessment/Educational Intervention on Physician Performance

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CPEP – The Center for Personalized Education for Professionals

Introduction

CPEP, the Center for Personalized Education for Professionals, is a non-profit organization that offers competence assessments/educational interventions, practice monitoring, intensive seminars/courses, and other services for physicians and other healthcare professionals.

Assessment and educational intervention programs (Education) and practice monitoring (Monitoring) are tools that are well-known to medical licensing boards (Boards) and commonly used in disciplinary agreements related to substandard care.

Participants in this study enrolled in Monitoring to comply with Board actions related to substandard care. Some participants entered Monitoring after successfully completing the CPEP Education Program while others enrolled directly in Monitoring without first completing Education.

There have been few studies of whether participation in an assessment and education program results in sustained improvements in physicians' care after completion of the program because the follow-up is costly and often does not involve review of direct patient care.

To the authors' knowledge, this is one of the first studies to evaluate clinical care provided by physicians *after* successful completion of the educational intervention.

Objectives

The objectives of this study were to:

1. Determine whether patient care charts from physicians engaged in monitoring after successfully completing a CPEP Educational Intervention (Education Group) demonstrated care that met generally accepted standards;
2. Determine whether charts from the Education Group demonstrated better quality of care than charts from physicians enrolled in Monitoring without first completing an educational intervention (Monitoring-only Group).

Methods

In the Practice Monitoring Program, CPEP employs a standardized method for chart selection. Reviews are conducted by specialty-matched physicians with a similar scope of practice as participants. Charts are rated for overall quality of care as well as other characteristic measures.

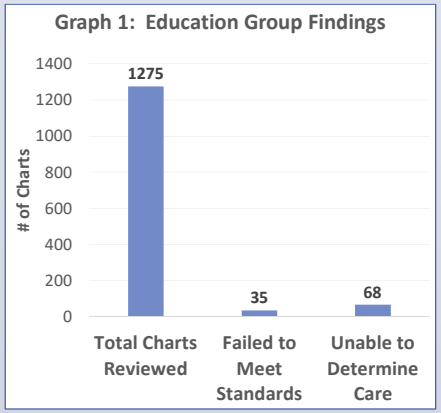
CPEP staff reviewed the overall care ratings for 1275 charts from the Education Group and 788 charts Monitoring-only Group.

This study reported on the number of charts receiving overall care ratings of:

- Failed to meet generally acceptable standards (failed to meet standards); or
- Unable to determine care due to documentation deficiencies (unable to determine care).

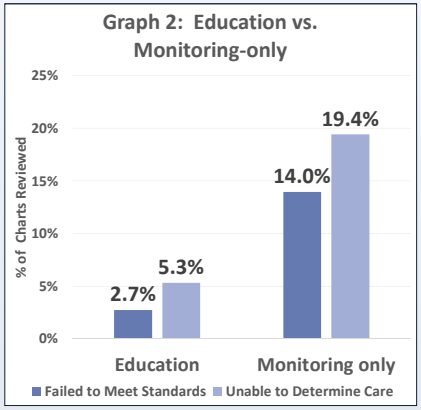
Results

Of the 1275 charts reviewed from the Education Group, 35 charts (2.7%) were rated as failing to meet standard of care and 68 charts (5.3%) were rated as unable to determine care due to documentation deficiencies. See Graph 1.



In comparison, of the 788 charts reviewed from the Monitoring-only Group, 110 charts (14%) were rated as failed to meet standards and 153 charts (19.4%) were rated as unable to determine care. See Graph 2.

Results Continued



Chi-square tests of independence were performed to examine the relationship between the program attended and outcomes measures. The relationship between the program (Education Group versus Monitoring-only Group) and the outcomes measured was statistically significant ($p<.0001$) for both outcomes.

Conclusion

In the Education Group, the overall findings of failed to meet standards or unable to determine the quality of care due to documentation deficiencies were extremely low (2.7% and 5.3% respectively).

In addition, when compared to the Monitoring-only Group, charts from the Education Group were far less likely to reveal care that did not meet standards or in which the reviewer could not determine the care due to documentation deficiencies.

This study suggests that CPEP's Assessment and Educational Intervention Program is an effective means of improving physician performance and that improvement is sustained after completion of the Education Program. In addition, it suggests that some physicians referred for practice monitoring only may have benefited from remediation services prior to entering monitoring. Further study may help elucidate ways to determine which physicians would benefit from more intensive education.