A Study of Recidivism

Effectiveness of CPEP's Competence Assessment and Educational Intervention Program

CPEP, the Center for Personalized Education for Physicians, offers a nationally-renowned Competence Assessment and Educational Intervention Program (CPEP Program) for physicians and other healthcare professionals. In order to gain insight into the effectiveness and benefits of participation in the CPEP Program, a study was conducted to determine physician rates of recidivism following successful completion of their activities with CPEP.

Definitions

"Recidivism" is defined as a public medical licensing board (Board) action against a physician participant for quality of care issues, such as substandard patient care, documentation, and supervision, which occurred following the participant's completion of CPEP Activities. Board actions related to other infractions (e.g., health issues, substance abuse) were not included as instances of recidivism. "Subsequent board action" refers to those defined here and included in the recidivism definition.

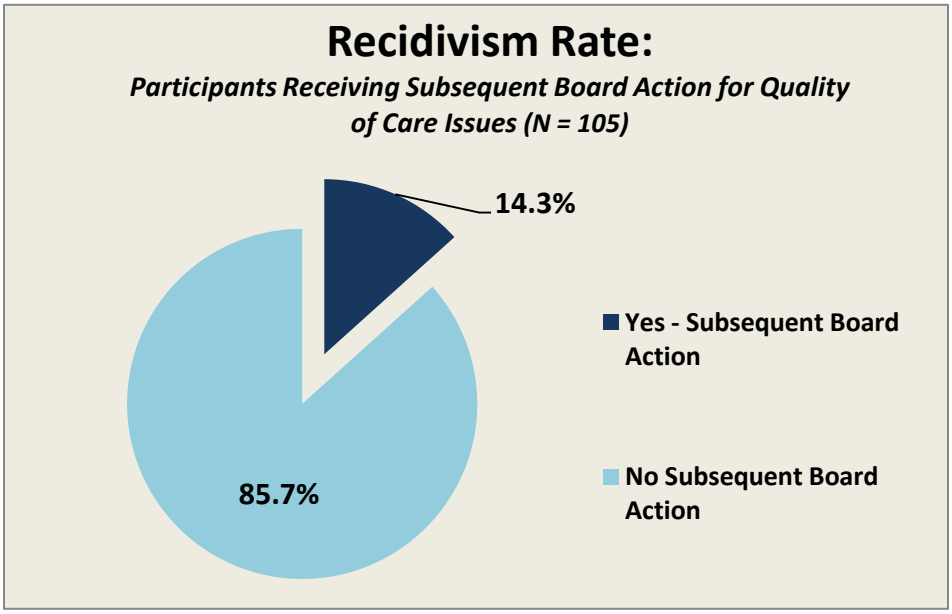
"Completion of CPEP Activities" is defined as completion of a Competence Assessment and, if recommended by CPEP, an Educational Intervention Program.

Methods

In November 2012, CPEP analyzed outcome data of participants who completed the CPEP Competence Assessment between 2001 and 2010 after referral to CPEP by the Boards of Colorado, Iowa, Kansas, Kentucky, and Oregon. Public board documents were examined to determine if participants received further Board action related to quality of care following completion of their CPEP Activities. Staff researched Board websites from any state in which the participant had indicated he/she held a license in the past.

Recidivism Rate

A total of 105 participants met the above criteria for inclusion in the analysis[1]. Of these participants, CPEP found a recidivism rate of 14.3% (15 of 105). *Accordingly, 85.7% (90 of 105) had received no further Board action* for quality of care at the time of this study.



Correlation between Assessment findings/recommendations and Recidivism

To identify trends related to CPEP Assessment findings and the rate of recidivism, the participants were divided into three groups based on CPEP's findings and recommendations from each participant's Competence Assessment Report:

Group 1: Limited or no educational needs identified during Assessment; physician did well and did not receive a recommendation for further education.

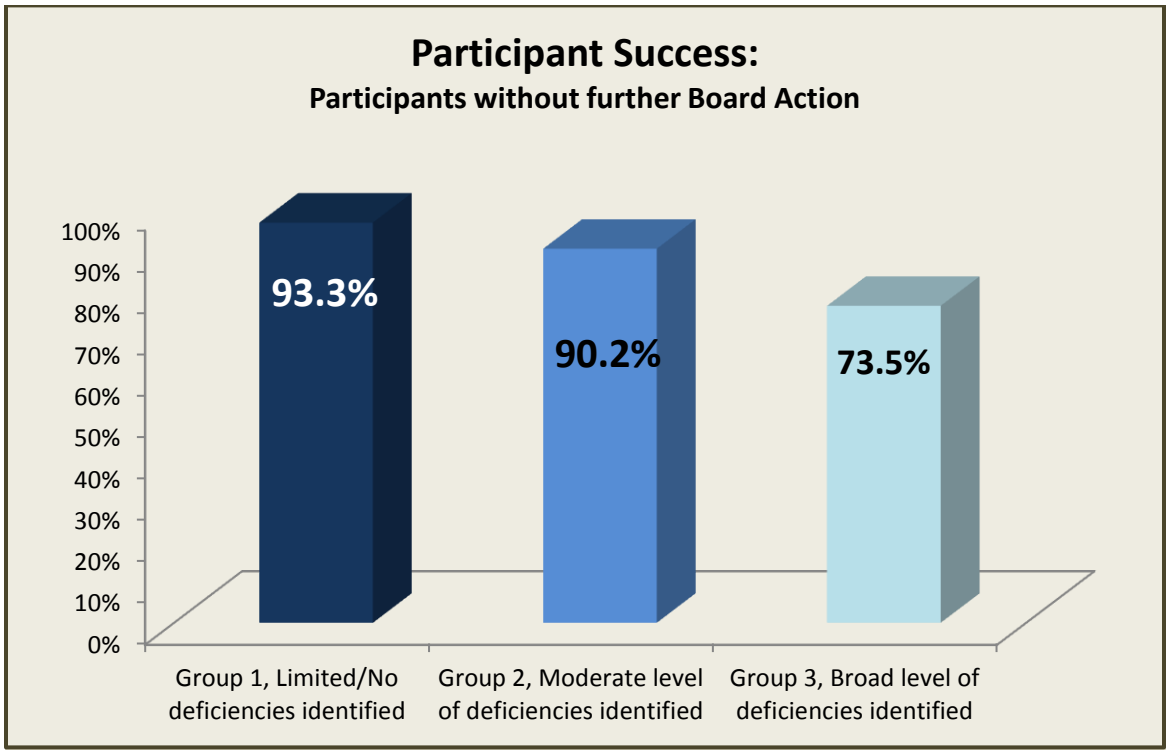
Group 2: Moderate deficiencies identified during Assessment; a structured Education Plan with oversight was recommended.

Group 3: Broad deficiencies identified during Assessment; a structured Education Plan *with oversight and supervision* was recommended.

[1] See Appendix for further details

The table and graph on the following page demonstrate the above findings.

Assessment Findings	# Receiving *No* Subsequent Board Action	# Receiving Subsequent Board Action	# of Participants	% with Subsequent Board Action
Group 1: Limited or no deficiencies identified	28	2	30	6.7%
Group 2: Moderate deficiencies identified	37	4	41	9.8%
Group 3: Broad deficiencies identified	25	9	34	26.5%
Total	**90**	**15**	**105**	**14.3%**



Based on this analysis, there appears to be a correlation between the level of deficiencies identified during the Assessment and the recidivism rate, with higher recidivism found for those whose assessment outcomes identified moderate to broad deficiencies.

- The recidivism rate for physicians who did well (limited or no identified deficiencies) on their Assessment (Group 1) was only 6.7%, meaning that *93.3%* of these participants had no subsequent Board action.

- The recidivism rate for those with more significant educational needs (Group 3) was 26.5%, indicating that *73.5%* of these participants had no subsequent Board action.

Conclusions

Since 1990, CPEP has been recognized as the "Gold Standard" in clinical Competence Assessment and personalized Educational Intervention. State Boards are in need of tools that achieve their goal to protect the health, safety, and well-being of their citizens by improving the quality of care provided by the physicians to whom they extend licensing privileges.

This analysis of recidivism data highlights important aspects of the CPEP Program. First, it suggests that a physician's performance on CPEP's Competence Assessment correlates with the physician's future ability to remain in good standing with the Board. Second, it supports the value of participation in CPEP's education process to help physicians remediate their educational needs and return to successful practice.

All of the participants reviewed were referred to CPEP due to a Board investigation and/or action. Some had patient complaints that triggered a board investigation, some were striving to return to practice after their license was revoked or suspended, and others were recovering from substance abuse or other serious health issues. Therefore, it is notable that 85.7% of the participants reviewed have been able to practice without cause for further Board disciplinary action related to quality of care over the period reviewed. The low recidivism rate (6.7%) for those who did well on the Competence Assessment correlates well with the participant's ability to remain in practice without subsequent Board actions. More importantly, 73.5% of those with more significant educational needs appear to have been able to remediate those needs successfully through CPEP's education program.

CPEP strives to help physicians become better physicians. The CPEP Program is designed to provide a comprehensive assessment and individualized, structured, and effective educational remediation for participants. This allows physicians to remain active in clinical care, improve their practices, retain their career, and continue to provide valuable healthcare services to their communities.

For more information on this study, please contact CPEP at
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A Study of Recidivism
Appendix

Participants met each of the following criteria to be included in the analysis:

Criteria 1: Participant completed a CPEP Competence Assessment between the years of 2001 and 2010.

Criteria 2: Participant was referred to CPEP by the Boards of Colorado, Kansas, Iowa, Kentucky, and Oregon. These states were selected due to their generally consistent requirement that physicians referred to CPEP's Competence Assessment were also required to address their educational needs through completion of CPEP's Educational Intervention Program.

Criteria 3: Participant successfully completed his/her CPEP activities by either:

- Having limited/no educational deficiencies as determined by the Competence Assessment; no formal remedial education was recommended pursuant to the Competence Assessment (Group 1);

OR

- Completing a structured CPEP Educational Intervention in accordance with recommendations from the Competence Assessment (Groups 2 and 3[2]).

Criteria 4: Participant was licensed and at least one (1) year had elapsed since completion of his/her CPEP Program Activities.

The analysis did not include:

- Participants who received a recommendation for residency training[3] (CPEP does not generally provide educational remediation activities for these physicians);
- Participants who were deceased, could not be found on Board websites, who let their license inactivate/lapse/expire, or for whom there was no public record of the individual receiving his/her medical license following the Competence Assessment.

[2] One participant included in this analysis received a recommendation for remediation in a residency or residency-like setting; however, at the request of the referring Board, CPEP created an intensive Educational Intervention Plan with supervision for this participant, in lieu of residency. This individual was included in Group 3 for the purposes of this study. This participant has not had subsequent Board action.

[3] See footnote #2, above.