The PACE Program
Assessment Offerings

Comprehensive Evaluations (For Cause):
- The PACE Competency Assessment 2
- The PACE Fitness for Duty Evaluation 5

Screening Assessment:
- The UCSD Late Career Health Screening 8

Mentoring/Monitoring:
- The Physician Enhancement Program (PEP) 11
The PACE Physician Competency Assessment Program

The PACE Physician Competency Assessment is a high-stakes, rigorous evaluation of a physician’s ability to safely practice medicine. Built on the vast knowledge and experience gained from evaluating more than 1600 physicians over the past 20 years, the PACE Physician Competency Assessment is the most comprehensive and state-of-the-art program of its kind.

Each Physician Competency Assessment is specially tailored to the participating physician and takes into account his or her:

1. reason(s) for referral
2. current (or intended) scope of practice
3. education, training, and work history
4. lifestyle, health and wellbeing

Each Physician Competency Assessment evaluates the six general domains of clinical competence defined by the ACGME and the ABMS. These competencies include: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. A physician must be competent in each of these six domains in order to safely practice medicine. In addition, a physician must have the physical and mental ability to perform the duties of his or her job. This is why a health screening is a standard component of our Physician Competency Assessment.

ATTRIBUTES OF THE ASSESSMENT

The distinguishing attributes of the PACE Competency Assessment include:

- Expertise/Volume of Experience
- A Rigorous and Comprehensive Approach
- Individualized/Customized Experience
- On-Site Clinical Participatory Experience
- Remediation Plan (If Applicable)
- University Affiliation
- Fair and Unbiased Process
- Willingness and Ability to Testify

See the Educational Offerings brochure to learn about the PACE programs not included here.
Although each Competency Assessment is individually created for the participating physician, there are certain “core” components found in most Competency Assessments:

**CORE COMPONENTS:**
- Oral Clinical Examination
- Physician Health Screening
- Clinical Observation with UCSD Faculty

**ADDITIONAL COMPONENTS:**
Additional components of the Physician Competency Assessment will be selected from the list below after a multidisciplinary case conference dedicated to formally examining all relevant background materials:
- Clinical Skills Simulation
  - History and Physical on a mock patient
  - Standardized Patient Evaluation
  - Anesthesiology Simulation
  - Noelle High Stakes OB Simulator
  - Laparoscopic Surgical Simulation
  - SIM Man Emergency Medicine Simulator
  - Customized Simulation Activity
- Medical Record Evaluation
- Chart Stimulated Recall
- Post Licensure Assessment System (PLAS) Exams
  - Multiple Choice Question Exams
  - Computerized Case Simulations (PRIMUM) followed by a faculty led Transaction Stimulated Recall (TSR) interview
- PULSE 360 Degree Survey
- Other Medical Specialty Consult or Evaluation

In cases where concerns exist about a physician’s physical or mental wellbeing, we may include additional health-related evaluations as part of the competency assessment. In some cases the participating physician may be asked to undergo a separate fitness for duty evaluation as part of his or her PACE assessment. To learn more about the PACE Fitness for Duty Program, please go to page 5.
SCHEDULING AND COMPLETION

Because the Competency Assessment is customized, the total cost and duration will vary for each physician. However, most assessments will take place over 3 to 5 days and cost between $16,000 and $19,000.

Due to the complexity and high-stakes nature of the program, it takes on average 3-4 months from the date of the initial application to issue a final report. While every effort is made to complete the program as quickly as possible, ensuring that the work is done thoroughly and correctly is our first priority.

For more information, please contact Kaden Segren, MPH, Administrative Director of Assessment, 619-471-0424, ksegren@ucsd.edu.
The PACE Fitness For Duty (FFD) Evaluation

Physicians are human beings, potentially vulnerable to the many physical and mental illnesses common to the human condition. The Profession of Medicine has historically done a poor job in inculcating the values of personal wellness, self-care, and help-seeking in physicians themselves. In fact, acknowledging one’s own distress or disease and seeking help can be challenging for physicians because of genuine fear of loss of privacy, reputation, privileges or even licensure. Similarly, many studies have documented that a large percentage of physicians have chosen to avoid approaching colleagues when concerns about illness, behavior, or poor clinical performance have become apparent. The result is often that the physician colleague becomes sicker, sometimes with deleterious consequences for those around him/her, including patients.

Health conditions impacting physicians’ occupational functioning

There are many health conditions which can have a deleterious impact on clinical performance and personal health and wellbeing. Some of the more common conditions include:

- Musculoskeletal injury or disease leading to specific motor and task-related disability;
- Cardiovascular diseases;
- Neurological events or progressive neurodegenerative conditions which lead to motor and/or cognitive deficits;
- Psychiatric syndromes causing behavioral issues or fluctuations in emotional stability;
- Substance abuse which may manifest as declining quality of clinical care, problems with reliability and punctuality, or other aspects of professional conduct;
- Age-related conditions such as cognitive decline or decrements in physical or mental stamina elevating the risk for medical errors and sometimes forcing physician colleagues to assume aspects of the individual’s job to safeguard patients, maintain standards of care, and to protect the hospital and the reputation of the impaired physician himself.
The Fitness for Duty Program is an individualized, multi-faceted assessment of a physician’s fitness for occupational functioning. The program goal is to determine whether the presence of any illness exists that interferes with the physician’s ability to safely perform the duties of his or her job, i.e., whether or not the physician is impaired. Should impairment be found, the program will identify which duties of his or her job the physician would be able to safely continue performing independently – if any – and whether or not accommodations could be made that would enable the physician to safely perform some or all the other job duties.

The components of the Fitness Evaluation are customized to the individual physician, his/her job description, and the clinical environment, and may include:

- **Specialty medical evaluation**
  Depending on the physician’s presentation, specialists with expertise in the relevant medical area will participate in the assessment program. Typical examples of specialty areas include Neurology, Cardiology, Physical Medicine & Rehabilitation, and Psychiatry. The goal is to attain a correct diagnosis, prognosis, and translation of clinical symptoms into functional assessment.

- **Medical examination**
  For physicians who have exhibited changes in their work performance likely secondary to a health condition, but who have not previously received an appropriate clinical evaluation or diagnosis, the Fitness Evaluation will include a judicious, thorough clinical evaluation performed by UCSD School of Medicine primary care and specialist physicians, as appropriate for the clinical situation.

- **Simulated procedural/skills evaluation**
  Where applicable, the ability to perform procedures which can be observed and evaluated via skills-based assessment, resources and faculty from UCSD’s state-of-the-art Simulation Center will be included.

- **Neuropsychological testing**
  When indicated, neuropsychological testing is used to give detailed information regarding cognitive performance including executive function, memory, language, visuospatial data as well as intelligence. The central purpose of the neuropsychological evaluation is not to determine whether the physician meets a certain diagnosis but rather whether he or she is able to function effectively as a physician, and in a manner conducive to public safety. UCSD’s Division of Neuropsychology ranks as a world leader in experience with regard to neuropsychological testing of physicians.

Based on years of experience in the high-stakes assessment of physician competence, we have learned that no single test or
process provides consistent, reliable results. Consequently, multiple components of the customized assessment are incorporated into an overarching integrative assessment of fitness. The results of the various components are thoroughly reviewed, carefully considered, and laboriously discussed by experienced PACE faculty and staff in one or more dedicated conference sessions. Similarly, the responsibility for the final summary report is shared by this group and is the result of a collegial team effort, combining the unique skills, knowledge, and experience of the UC San Diego PACE Program case conference panel.

Results

Possible results of the Fitness Evaluation include:

**• Clearly fit for all aspects of duty**
- No presence of illness exists that interferes with the physician’s ability to safely perform the duties of his or her job.
- Presence of illness exists but currently does not interfere with the physician’s ability to safely perform the duties of his or her job.
- Re-evaluation may be recommended depending on the prognosis of present illness(es).
- Specific information will be provided that outlines the reasons why the physician is currently able to perform all of the duties of his or her job.

**• Fit for some duties, but not for others**
- Presence of illness exists that interferes with the physician’s ability to safely perform some, but not all of his or her duties.
- The specific limitations for each functional area of concern will be described.
- Recommendations will be provided for possible methods of accommodation.
- Re-evaluation may be recommended depending on the prognosis of present illness(es).

**• Unfit for duty**
- Presence of illness exists that interferes with the physician’s ability to safely perform most or all of the duties of his or her job.
- The physician presents a significant risk to patients, self, and others.
- It is unlikely that any reasonable accommodations could be made that would allow the physician to practice safely.
- Re-evaluation may be recommended depending on the prognosis of present illness(es).
- Information related to the rationale for the determination of being unfit for safe practice will be included.
Throughout the referral and intake process to the PACE Fitness for Duty Program, the Program Director and PACE staff will be available to answer questions about the presenting concerns. After the application is received, PACE will communicate with the referring organization in detail and will request the following information: reason for referral, timeline of events, an outline of the physician’s work duties, any other relevant documentation from the physician’s personnel file, and when applicable a copy of the physician’s personal medical records. Following the FFD Evaluation, the client organization will receive a detailed written report, which includes findings from each component of the assessment as well as an integrative summary which designates one of the outcomes described below. Additionally, referral/guidance to appropriate resources will be provided, when possible.

**The UCSD Late Career Health Screening (LCHS)**

for Physicians and Healthcare Professionals

The UC San Diego PACE Program is proud to offer the UCSD Late Career Health Screening (LCHS).

**WHY CONSIDER AN AGE-BASED SCREEN?**

Physicians, like everyone else, are not immune to the effects of the natural aging process. Possibilities include decreasing physical strength and stamina and cognitive abilities including: decreased reaction time, decreased fine motor skills/dexterity, difficulty learning new concepts and skills, decreased comprehension of complex information, and decreased analytic processing. According to the AMA, physicians 65 and older currently represent 23% of physicians in the United States. Within this group, around 40% are actively engaged in patient care. Unlike the airline industry, which requires biannual medical examinations of commercial pilots and mandatory retirement at age 65, Medicine does not require physicians to undergo regular medical examinations nor does it mandate when they must stop practicing. Instead, we rely mainly on physician self-regulation. However, the impaired physician is often the last to know of his/her own impairment. As a result, many impaired physicians may be practicing without realizing that their ability to deliver safe care has been compromised. As such, determining which individuals may pose a safety risk is the responsibility of those in the hospital or other medical setting.
WHY CONSIDER SCREENING (CONT.)

For more information on the rationale for an age-based screen, to view the results of the “PACE PAPA Pilot Study,” or to catch up on the current national conversation about age-based screening for physicians, go to: http://paceprogram.ucsd.edu/Assessment/LCHS/LCHS2015PilotStudy.aspx.

Quick Facts

What LCHS IS:
LCHS is a physical and mental health screening intended for late career physicians who have reached a certain age (generally 70 and older), but otherwise have no known impairment or competency problems. LCHS is designed to detect the presence of any physical or mental health problems affecting a physician’s ability to practice. If concerns are identified, further evaluation will be recommended.

What it is NOT:
LCHS is not a diagnostic evaluation nor is it a fitness for duty evaluation. It is not intended to be used in “for cause” assessments of physicians who are suspected of having impairment.

Who should use LCHS:
Any hospital or medical group that would like to ensure the ongoing health and fitness to practice of its late career practitioners would benefit from LCHS. Any hospital or medical group that has enacted a policy to screen late career practitioners would benefit from LCHS.

Why you should you use LCHS:
Evidence suggests that there is an inverse relationship between the number of years that a physician has been in practice and the quality of care that the physician provides.3

Why use PACE?:
The PACE Program was originally founded in 1996 to provide clinical competency evaluations of and remedial education to physicians identified as having performance concerns. The physical and mental health screening components of our competency evaluation has helped detect undiagnosed health problems in dozens of physicians that were potentially impairing their ability to practice safely. Since 2011, the PACE Fitness for Duty Evaluation has evaluated physicians suspected of impairment due to physical, cognitive or mental health problems.

COMPONENTS OF LCHS:

1. Review of self-report health questionnaires
2. History and physical examination
3. MicroCog™ Cognitive screening examination
4. Mental health screen
5. Dexterity test (for proceduralists)

All screening components take place at the PACE office in San Diego, CA.

POSSIBLE RESULTS OF LCHS:

Following the assessment, a final report will be sent to the referring group that outlines whether the physician is falls into one of the following two categories and what recommendations exist:

- **FIT FOR DUTY:**
  Results either indicate that no presence of illness exists that interferes with the physician’s ability to safely perform the duties of his or her job OR that presence of illness exists but currently does not interfere with the physician’s ability to safely perform the duties of his or her job. Reevaluation may be recommended depending on the prognosis of present illness(es).

- **FURTHER EVALUATION RECOMMENDED:**
  Results indicate a possible impairment exists due to a physical or mental health problem.

PRICING:

Rates are determined based on the total number of proceduralist and non-proceduralist physicians referred.

Pricing tops out at $2,000 (or $2,200 for proceduralists) and goes down from there based on the total number of physicians referred. For more information about pricing and bulk discounts, please contact us.

For more information on the Fitness for Duty or LCHS programs, please contact Patricia Smith, MPH, Administrative Director, Fitness for Duty Program, 619-471-0569, prsmith@ucsd.edu.
The PACE Physician Enhancement Program (PEP): Mentoring and Monitoring

The PACE Physician Enhancement Program (PEP) is both an on-site, in-practice monitoring program designed to ensure the participating physician is practicing safely; and a mentoring program designed to assist the physician in attaining the highest standards of professional growth and clinical excellence. PEP is not to be confused with substance dependency monitoring.

PEP was created to aid state medical boards in providing high quality practice monitoring services to physicians. Our goal is to use independent and well qualified practice monitors who can provide objective oversight and assessment of the participating physicians while simultaneously helping them improve their practices. PEP is recognized by the Medical Board of California as an official alternative to having a practice monitor.

To achieve this goal, we carefully vet each potential new monitor. If selected, our monitors will receive a detailed orientation and training process prior to starting. Where possible, we employ ABMS Board Certified faculty of the UCSD School of Medicine, who are experienced clinicians, assessors, and educators.

Prices range from $15,500/yr - $38,750/yr and are commensurate with specialty and special focus of the program. We offer flexible payment plans.

PEP highlights:
- Initial and semi-annual on-site Practice Review using standardized instruments & procedures conducted by PACE faculty;
- PULSE Survey 360™ workplace assessment with individual feedback reports;
- Interval Review of Professional Growth & Education to identify strengths and/or deficits contributing to overall clinical practice and medical knowledge;
- Individualized Personal and Practice Development Plan (PPDP) including the development & conduct of quality improvement and practice-based research projects to enhance clinical performance & behavior;
- Monthly Chart Audits using standardized instruments & procedures;
- Monthly phone conversations with PACE faculty reviewing chart audits, Practice Review Results and progress on PPDP;
- Summary reports provided to the referring agency on a quarterly basis.

Additional Components Available:
- Assistance with EHR & other technological advancements;
- Scholarly discussions;
- Professional improvement plans;
- Billing & coding monitoring.

For more information, please contact Peter Boal, Acting Administrative Director the PEP, at 619-543-5478 or pboal@ucsd.edu.
The UC San Diego PACE Program is an industry leader in the fields of competence assessments, age-based screening evaluations, fitness for duty evaluations, monitoring, remedial education, disruptive behavior programs and customized solutions for healthcare professionals. Founded in 1996, the PACE Program has been devoted to a mission of improving the quality of healthcare by offering assessments and focused education to medical professionals throughout our nation. The Program has delivered assessment and educational services to over 5000 physicians and allied health professionals. PACE is housed at the Family Medicine and Public Health Department of the UC San Diego School of Medicine.

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