COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1717

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY P. JOEL L. VELASCO, M.D., LICENSE NO. 30468, 10214 STONE SCHOOL ROAD, PROSPECT, KENTUCKY 40059

THIRD AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, and P. Joel L. Velasco, M.D. ("the licensee"), and, based upon their mutual desire to allow the licensee to practice and resume prescribing controlled substances, hereby enter into the following **THIRD AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Third Amended Agreed Order:

1. At all relevant times, P. Joel L. Velasco, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Psychiatry.
3. The Office of Inspector General ("OIG") received a report from the Louisville Metro Police Department regarding a patient who received overlapping controlled substance prescriptions from the licensee.
4. On or about September 9, 2015, Jill Lee, R.Ph., OIG, Drug Enforcement and Professional Practices Branch, reviewed and analyzed the licensee's KASPER records (dated August 22, 2014 to August 22, 2015) and selected sixteen (16) patient names for further review based upon addictive drug combinations, excessive doses, failure to query KASPER, polypharmacy, early refills, and duplicate therapy.

5. A board consultant reviewed sixteen (16) patient charts and found that the licensee engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky. Specifically, the consultant stated, in part:

> He had pervasive failure to order KASPERs, ever, on any patient's records provided to me. Secondly, he pervasively omitted in every patient in every progress note any mention of the number of pills dispensed or the number of refills ordered. Finally, he has close-to-unreadable writing. Interestingly, his writing back in 2003 was good. And, on a rare occasion, recently written notes were legible handwriting, proving that he can write well enough if he only tries.
>
> My review did show the same problems in these three areas with every chart you had me look at.
>
> The alleged overlapping prescriptions on the patient who started this whole thing should be strongly cautioned against. With the doctor not keeping any chart records of Disp # and refills # on prescriptions written, he could not know if that or other patients really needed a refill or not.

6. On or about April 6, 2016, the licensee entered into an Agreed Order with the Board, in lieu of the issuance of a Complaint and Emergency Order of Restriction, in which he agreed to:

   a. Within twenty (20) days of the filing of this Agreed Order, the licensee SHALL contact the Center for Personalized Education for Physicians ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 Fax: (303) 577-3241, to schedule a clinical skills assessment for the earliest dates available to both CPEP and the licensee

      ...

      i. If the Assessment Report recommends development of an Educational Plan, the licensee SHALL take all necessary steps to arrange for CPEP to immediately develop such a plan, at the licensee's expense;

         1. Upon receipt of an Educational Intervention by the licensee, the licensee SHALL immediately comply with and SUCCESSFULLY complete all requirements of that Educational Intervention, at his expense and as directed by CPEP;

2. If deemed necessary and appropriate by CPEP, the licensee SHALL SUCCESSFULLY COMPLETE the Post-Education Assessment, at his expense and as directed by CPEP;
3. The licensee SHALL TAKE ALL NECESSARY STEPS, including the execution of waivers and/or releases, to ensure that CPEP provides timely written reports to the Board outlining his compliance with the Educational Intervention;

b. Within six (6) months of the filing of this Agreed Order, the licensee SHALL successfully complete the "Prescribing Controlled Drugs" course at The Center for Professional Health at Vanderbilt University Health Center, Nashville, Tennessee, Tel. (615) 936-0678 or the University of Florida, Gainesville, Florida, Tel. (352) 265-5300, at his expense;

c. Within six (6) months of the date of filing of this Agreed Order, the licensee SHALL successfully complete a Board-approved course relating to HB1 from the approved course list available on the Board's website at http://kbml.ky.gov;

d. The licensee SHALL pay the costs of the investigation in the amount of $2750.00 within six (6) months from entry of this Agreed Order;

7. The licensee reimbursed the Board's costs in full on March 31, 2016.

8. The licensee completed the course entitled "Proper Prescribing of Controlled Prescription Drugs" at Vanderbilt University Medical Center on June 15-17, 2016.

9. The licensee completed a Board-approved HB1 course entitled "Prescription Opioids: Risk Management and Strategies for Safe Use" on August 25, 2016.

10. The licensee obtained a clinical skills assessment at CPEP on May 23-24, 2016. CPEP's Assessment Findings include:

> During this Assessment, Dr. Velasco demonstrated superficial knowledge of outpatient and inpatient adult and adolescent psychiatry topics with significant deficiencies in all areas covered, including controlled substances. His clinical judgment and reasoning were poor. His documentation in outpatient charts was poor, in inpatient charts was marginal with need for improvement, and was adequate for the Simulated Patient (SP) encounters. Dr. Velasco's communication skills were mixed with SPs and generally professional with consultants and CPEP staff; however, the consultants reported that Dr. Velasco did not appear to be fluent in English.

11. CPEP's Assessment Report included a recommendation that the licensee participate in a structured, individualized education intervention to address the identified areas of need.

12. The licensee did not take all necessary steps to arrange for CPEP to immediately develop such an individualized education intervention plan, as required by the Agreed Order.

13. On or about September 28, 2016, a Board investigator notified the licensee that he must enroll in his education plan by October 6, 2016.

14. The licensee did not enroll in the Educational Intervention until October 13, 2016, after he was notified that a non-compliance report was to be presented to the Board.

15. On or about December 12, 2016, the licensee entered into an Amended Agreed Order to resolve his non-compliance, in which he agreed to:

    a. The licensee SHALL NOT prescribe, dispense, or otherwise professionally utilize controlled substances unless and until approved to do so by the Panel;

    b. Upon receipt of an Educational Intervention by the licensee from CPEP, the licensee SHALL comply with and SUCCESSFULLY complete all requirements of that Educational Intervention, at his expense and as directed by CPEP;

        i. If deemed necessary and appropriate by CPEP, the licensee SHALL SUCCESSFULLY COMPLETE the Post-Education Assessment, at his expense and as directed by CPEP;

        ii. The licensee SHALL TAKE ALL NECESSARY STEPS, including the execution of waivers and/or releases, to ensure that CPEP provides timely written reports to the Board outlining his compliance with the Educational Intervention;

    c. Pursuant to KRS 311.565(1)(v), the licensee SHALL submit payment of a FINE in the amount of one-thousand dollars ($1,000) to the Board within six (6) months from the date of entry of this Amended Agreed Order; and

    d. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

16. The licensee paid the one-thousand dollar ($1,000) fine in full on January 9, 2017.

17. The licensee did not present CPEP with a proposed preceptor, as required by his Education Intervention Plan, by the March 23, 2017 deadline set by CPEP.
18. The licensee did not provide CPEP with a topic summary, as required by the Education Intervention Plan, by the April 5, 2017 deadline set by CPEP.
19. As a result of his non-compliance with the Education Intervention Plan, CPEP suspended his plan on April 19, 2017.
20. On May 16, 2017, the licensee came into compliance with his Education Intervention Plan and CPEP lifted the suspension.
21. The Panel considered the investigation of the licensee's second non-compliance at its May 18, 2017 meeting. The Panel and the licensee agreed to enter into a Second Amended Agreed Order, in lieu of the issuance of a Complaint and Emergency Order of Suspension, which required:
    - The licensee shall not prescribe, dispense, or otherwise professionally utilize controlled substances unless and until approved to do so by the Panel;
    - The licensee shall comply with and successfully complete all requirements of the Educational Intervention Plan developed by CPEP, at his expense and as directed by CPEP, a copy of which is attached;
    - The licensee shall submit payment of a FINE in the amount of five-thousand dollars ($5,000); and
    - The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
22. On or about November 16, 2017, the Panel agreed to allow the licensee to resume prescribing controlled substances pursuant to terms and conditions set forth in this Third Amended Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Third Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(4), as well as KRS 311.595(12) and (13). Accordingly, there are legal grounds for the parties to enter into this Third Amended Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the investigation without an evidentiary hearing by entering into an informal resolution such as this Third Amended Agreed Order.

THIRD AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and based upon their mutual desire to allow the licensee to practice and resume prescribing controlled substances, the parties hereby enter into the following **THIRD AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by P. JOEL L. VELASCO, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Third Amended Agreed Order;
2. During the effective period of this Third Amended Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION until further order of the Board:
    a) The licensee SHALL comply with and SUCCESSFULLY complete all requirements of the Educational Intervention Plan developed by CPEP, at his expense and as directed by CPEP, a copy of which is attached;
        i. The licensee understands and agrees that he SHALL be responsible for ensuring that his preceptor(s) comply with all directives and instructions

of CPEP during the duration of the Educational Intervention Plan and he SHALL immediately report any noncompliance directly to CPEP;

ii. The licensee understands and agrees that any failure to comply with the directives and instructions of CPEP during the duration of the Educational Intervention Plan shall constitute a violation of this Third Amended Agreed Order and shall be grounds for immediate suspension of his license to practice medicine in the Commonwealth of Kentucky;

iii. In the event that the licensee's CPEP Educational Intervention Plan should become suspended for any reason, the licensee SHALL immediately cease the "practice of medicine or osteopathy," as that term is defined in KRS 311.550(10), until further order of the Panel. His failure to do so, shall constitute a violation of this Third Amended Agreed Order and shall be grounds for immediate suspension of his license to practice medicine in the Commonwealth of Kentucky;

iv. If deemed necessary and appropriate by CPEP, the licensee SHALL SUCCESSFULLY COMPLETE the Post-Education Assessment, at his expense and as directed by CPEP;

v. The licensee SHALL TAKE ALL NECESSARY STEPS, including the execution of waivers and/or releases, to ensure that CPEP provides timely written reports to the Board outlining his compliance with the Educational Intervention Plan; and

b) Beginning immediately, the licensee SHALL maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized. The controlled substances log SHALL include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets shall be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions shall be maintained in the following manner: 1) patient; 2) chart; and 3) log;

i. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants;

ii. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Third Amended Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully

reimburse the Board within that time frame SHALL constitute a violation of this Third Amended Agreed Order;

iii. The licensee understands and agrees that at least two (2) favorable consultant reviews must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Third Amended Agreed Order; and

c) The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly agrees that if he should violate any term or condition of this Third Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Third Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Third Amended Agreed Order; and

4. The licensee understands and agrees that any violation of the terms of this Third Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 27th day of November, 2017.

FOR THE LICENSEE:

P. JOEL L. VELASCO, M.D.

M. TYLER REYNOLDS
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

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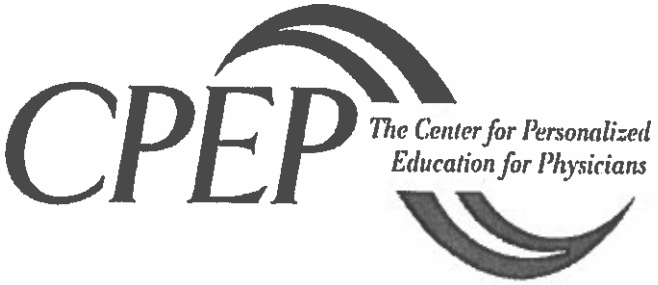

EDUCATIONAL INTERVENTION PROGRAM

EDUCATION PLAN

Developed December 2016

for

P. Joel Velasco, M.D.

NATIONALLY RECOGNIZED ▪ PROVEN LEADER ▪ TRUSTED RESOURCE

720 S. Colorado Boulevard, Suite 1100-N
Denver, Colorado 80246
Phone: 303-577-3232
Fax: 303-577-3241
www.cpepdoc.org

EDUCATION PLAN

OVERVIEW

APPENDICES

I. INTRODUCTION

In accordance with the Kentucky Board of Medical Licensure's (Board's) Agreed Order dated April 6, 2016, P. Joel Velasco, M.D., was ordered to complete a clinical skills Assessment and any subsequent recommended education plan with CPEP. In May 2016, Dr. Velasco completed an Assessment, which identified areas of educational need. The development of this Education Plan (Plan) was based on those needs. The Plan was also based on data gathered by CPEP and information obtained from Dr. Velasco. The purpose of this Plan is to provide a framework in which Dr. Velasco can address his educational needs.

A glossary of Educational Intervention terms is enclosed.

FOCUS OF PLAN

This Plan addresses Dr. Velasco's practice of inpatient and outpatient adult psychiatry, including some adolescent psychiatry. If areas of educational need other than those addressed in this Plan are identified while Dr. Velasco is participating in the Plan, CPEP will notify the referring organization and Dr. Velasco and determine if the educational needs can be addressed within the context of this Plan.

Important to note:

- CPEP notes that some of Dr. Velasco's educational needs pertain to the prescribing of controlled substances. Although the Board has indefinitely restricted Dr. Velasco from professionally using controlled substances, CPEP believes that these educational needs are still important to address.
- Based on Dr. Velasco's Assessment, he should initially have 100% supervision in the inpatient and outpatient psychiatry settings. See pages 12-14.
- CPEP will be attentive to any difficulties that Dr. Velasco may encounter with language barriers.

LIMITATIONS

- CPEP cannot guarantee that a Preceptor and/or an appropriate setting can be identified to address this Plan.
- Dr. Velasco submitted health information from an exam conducted in December 2013. Based on that information, CPEP was unable to determine whether he has any current health conditions that could impact his practice of medicine or ability to remediate his deficits.
    - Therefore, Dr. Velasco should undergo a current history and physical examination to diagnose and recommend management of any condition that might impact his ability to practice or remediate his deficits.

NEUROPSYCHOLOGICAL EVALUATION

Based on Dr. Velasco's neuropsychological screening test results, more extensive evaluation involving a comprehensive neuropsychological examination is recommended. Dr. Velasco

submitted a copy of a neuropsychological evaluation conducted July 25, 2016, by W. Kent Hicks, Ed.D., of Raskin and Associates Psychology Resource Group, which reported no emotional or cognitive difficulties.

LICENSING and OTHER CREDENTIALING

Because CPEP Education plans are practice-based, physician-participants must have a medical license in order to complete a Plan. Some activities, such as self-study, may be completed without a medical license. *It is the participant's responsibility* to ensure that he practices within the parameters of his licensure status.

Further, it is the participant's responsibility to ensure that he has obtained appropriate insurance coverage, DEA registration, privileges/credentials, and met other legal requirements as appropriate for his practice circumstances.

HOSPITAL PRIVILEGES

Dr. Velasco will need to be able to see patients in the inpatient setting to address all of the Learning Goals described in this Plan. *It is the participant's responsibility* to ensure that he adheres to applicable credentialing requirements for the institution in which the Plan activities occur.

DESIGN

The individual Learning Goals described below in *Section II* were derived from the findings of the Assessment. This Plan was designed to address those Learning Goals through Medical Knowledge Enhancement and Patient Care Enhancement educational activities described in *Section III* as Modules A and B. Evaluation of Dr. Velasco's progress and oversight of his participation will be provided by the CPEP Associate Medical Director. The Plan is designed around continuous and timely participation so that maximum educational benefit is received and ongoing progress is made. Following is more detailed information about the Modules and the Associate Medical Director oversight.

Note: The requirements of this Plan are not intended to supersede or exclude any requirements specific to his employer, credentialing, or licensure regulations. However, some activities may be applicable to both the Plan and such requirements.

A. Medical Knowledge Enhancement (Module A)

The Medical Knowledge Enhancement Learning Goals are addressed independently by the participant as well as through discussions with the Preceptor. The activities are designed to improve the participant's medical knowledge specific to the Learning Goals. Other improvements are generally realized as a result of the activities. A Preceptor is not needed to begin the activities described in Module A. CPEP encourages Dr. Velasco to begin the activities as soon as he has initiated the Plan. The recommended activities include:

- Independent/unsupervised self-study;
- Evidence-based research;
- Continuing medical education activities and/or courses.

B. Patient Care Enhancement (Module B)

Dr. Velasco will work with a Preceptor who has a practice similar to his. He will participate in Point of Care (PoC) activities as described below. Subsequently, Dr. Velasco will participate in a longitudinal learning experience that is reliant on regularly scheduled Preceptor Meetings. The PoC Experiences will be completed prior to Dr. Velasco seeing patients independently/ unsupervised as described in *Module B.* During these experiences, Dr. Velasco will:

- Address his more immediate educational needs by initially seeing patients with direct supervision. He will then progress through decreasing levels of supervision and ultimately see patients independently/unsupervised;
- Retrospectively review charts with the Preceptor of patients for whom Dr. Velasco provided independent/unsupervised care;
- Receive one-on-one coaching and constructive feedback with regard to medical knowledge, clinical judgment and documentation, particularly with regard to those areas identified in the Plan Learning Goals (see *Section II*);
- Discuss and reinforce new information and skills gained for full integration into daily patient care;
- Appreciate the value of lifelong learning, peer relationships, and self-assessment to the quality of patient care.

C. Oversight

The Associate Medical Director oversight includes Preceptor training, consideration of the feedback provided by the Preceptor and review of educational materials submitted by Dr. Velasco (see *Section V*). The Associate Medical Director will regularly communicate with and provide ongoing feedback and coaching to Dr. Velasco and the Preceptor with regard to Dr. Velasco's progress.

II. LEARNING GOALS

A. Medical Knowledge

To improve evidenced-based medical knowledge including, but not limited to, the following areas:

1. General review of adult and adolescent psychiatry;*
2. Psychiatric disorders in which family history is helpful in making diagnostic and treatment decisions, including but not limited to, those with genetic and environmental influences;
3. Components of a mental status examination;
4. Informed consent process for psychiatric treatment;
5. Functional impairment: assessment and role in treatment goals;
6. Screening tools for evaluation of substance use;
7. Indications for psychiatric inpatient admission, including but not limited to, patient has failed outpatient treatments, needs to be in an environment away from their home and his/her stressors, for diagnostic clarification, electroconvulsive therapy, medication changes that may require a higher level of monitoring;
8. Inpatient discharge criteria;

9. Types of psychotherapy available;
10. Diagnostic criteria for the following:
    a. Bipolar disorder I;
    b. Bipolar disorder II;
    c. Major depressive disorder;
    d. ADHD;
    e. Post-traumatic stress disorder (PTSD);
    f. Somatoform disorder;
    g. Factitious disorder, including definitions of primary and secondary gain;
    h. Mania, including how to distinguish mania from hypomania;
    i. Personality disorders;
    j. Substance use disorders;
    k. Dementia;
11. Suicide risk assessment, including but not limited to, the following:
    a. Risk factors for suicide;
    b. Evaluation;
    c. Components of "contracting for safety";
12. Review of treatment of bipolar disorder:
    a. Antidepressant induced mania;
    b. Bipolar I: recommendations about initial treatment options;
13. Review of sleep disorders: diagnosis, management;
14. Minnesota Multiphasic Personality Inventory (MMPI): indications for use;
15. Evaluation of cognitive concerns, including but not limited to, mini mental status exam, Montreal cognitive assessment (MOCA), and other testing;
16. Medical evaluation of psychiatric complaints, including but not limited to, thyroid conditions;
17. Pharmacology:
    a. General review of pharmacology;*
    b. SSRIs: side effects;
    c. Atypical antipsychotic medications: initial lab work, side effects, monitoring;
    d. Lithium: initial lab work, blood level goal, monitoring;
    e. Lamictal: indications, side effects, monitoring, recommendations regarding how to increase dosage;
    f. Valproic acid: initial lab work, blood level goal, monitoring;
    g. Latuda: indications, side effects;
    h. Benzodiazepines:
        1) Indications;
        2) Side effects;
        3) Various formulations and time of onset and duration of action;
        4) Benzodiazepine withdrawal symptoms;
        5) Recommendations when tapering Xanax;

i. Stimulant therapy:
   1) Indications;
   2) Monitoring recommendations for stimulants, including but not limited to, blood pressure and weight;
   3) Potential effect of stimulants on psychotic symptoms;
   4) Nuvigil: indications, side effects;
j. Propranolol: monitoring recommendations;
k. Haldol: side effects, risks when used in patients with dementia;
l. Cogentin: anticholinergic side effects, risks when used in patients with dementia;
m. Zyprexa: risk associated with use in patients with dementia;
n. Revia: indications;
o. Medications not typically prescribed by psychiatrists:
   1) Opioid medications: side effects, risks;
   2) Tramadol: indications, side effects, monitoring;
   3) Flexeril: risks, side effects, and common drug-drug interactions.

*Topic summary not required.
(See III.B below for description of topic summaries.)

B. Clinical Judgment

To *consistently* demonstrate appropriate clinical judgment in the areas that include, but are not limited to, the following:

1. Gathering of complete information in a logical manner;
2. Structured formulation of differential diagnoses;
3. Appropriate prescribing of controlled substances;
4. Recognition of acuity of illness and performance of appropriate suicide and safety assessments;
5. Provision of adequate patient care;
6. Evaluation for substance use disorders;
7. Satisfactory awareness of iatrogenesis with prescribed medications, including but not limited to, special considerations in elderly patients;
8. Appropriate use of non-pharmacologic treatments such as psychotherapy;
9. Performance of appropriate lab work prior to and during pharmacotherapy.

C. Documentation

The participant will learn principles of documentation that are based on recommendations and requirements of nationally recognized organizations such as the Joint Commission and Centers for Medicare and Medicaid Services (CMS) and recommendations of national specialty societies and will *consistently* demonstrate appropriate patient care documentation that includes, but is not limited to, the following:

1. Consistently up-to-date medication lists with clear frequency;
2. Adequately detailed history of present illness so that another provider can determine which symptoms are acute and which are chronic in nature;
3. Consistent inclusion of appropriately detailed mental status examinations;

4. Consistent documentation of all diagnoses being addressed;
5. Appropriately detailed treatment plans;
6. Clear follow-up plans;
7. Inclusion of clinical thinking;
8. Adequate documentation of informed consent discussions;
9. Consistent documentation of medications prescribed, including but not limited to, quantity of controlled substances prescribed;
10. Consider inclusion of tools to score psychiatric disorders, such as those for ADHD;
11. Documentation of review of state prescription drug monitoring program (KASPER in Kentucky) when relevant;
12. Record sufficient detail for another psychiatrist to be able to assume care of your patients based on the documentation alone;
13. Inclusion of lab reports and system to indicate when lab results have been reviewed and how they have been addressed.

Guideline
Adequate documentation requires inclusion of sufficient detail in visit notes such that the notes "stand alone" and determination of the level of care provided does not require verbal input from the documenting physician to be fully understood. Ultimately, adequate documentation includes chart organization and systems tools that allow another physician to easily assume care of a patient.

D. Practice-based Learning

1. If not already in place, consider implementation of a system to allow easy access to information about his patient population for practice improvement opportunities.

E. Physician-Patient Communication Skills

To *consistently* demonstrate appropriate physician-patient communication skills in the areas that include, but are not limited to, the following:

1. Avoid interrupting the patient;
2. Set reasonable expectations for interviews;
3. Demonstration of active listening;
4. Use of techniques of motivational interviewing.

F. Inter-Professional Communication Skills

To *consistently* demonstrate appropriate inter-professional communication skills in the areas that include, but are not limited to, the following:

1. Improved use of basic psychiatric terminology.

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III. PERFORMANCE OBJECTIVES

Performance Objectives are specific educational activities that provide focused learning experiences designed to assist the participant with achievement of the Learning Goals (*Section II*). The participant will integrate newly learned information into his daily practice and demonstrate long-term improved patient care during Module B Activities.

MODULE A
MEDICAL KNOWLEDGE ENHANCEMENT

Module A activities do not require approval of a Preceptor to initiate. Dr. Velasco will:

- Document all activities, including ongoing case-based activities, continuing medical education activities (CME) and self-study on an Education Log provided by CPEP;
- Participate in self-study activities during participation in the Plan that demonstrate lifelong learning skills;
- Submit certificates of completion for any courses, if applicable.

Timelines

The timelines below are recommended to maximize participation in the Plan.

- Independent/unsupervised activities, such as self-study, should be initiated immediately once the Plan has been signed.
- Topic/subtopic summaries should be completed by the sixth month of beginning the Plan activities.
- Courses and/or CME activities should be completed no later than the fourth month of participation.

Guideline

The list of Medical Knowledge topics is extensive; therefore, it will be essential that Dr. Velasco develop a strategy that ensures he submits all topic/subtopic summaries within six months of initiating the Plan so that he has ample time to demonstrate his application of new knowledge to his actual patient care during the Precepted Education component.

Associate Medical Director Approval of Resources

Dr. Velasco may identify resources other than those mentioned below; however, the Associate Medical Director must approve those resources in order for the activities to be applicable to the Plan.

A. Courses

Dr. Velasco will:

1. Complete a board review course, to include a review of psychopharmacology, approved by the Associate Medical Director, such as those offered by The Osler Institute: https://www.osler.org/main/psy.html

2. Attend a medical record keeping seminar within the first two quarters of participation in the Education Plan. If ongoing documentation deficiencies are identified, the Associate Medical Director will make further recommendations. Dr. Velasco should submit the following to CPEP:
   a. Course brochure within 30 days of signing the Plan for approval;
   b. Certificate of attendance upon completion.
3. Complete a CME course on the prescribing of controlled substances:
   a. Per Dr. Velasco's Board Order, by October 2, 2016, he was to successfully complete the "Prescribing Controlled Drugs" course at The Center for Professional Health at Vanderbilt University Health Center, in Nashville, Tennessee, or at the University of Florida, Gainesville, Florida. Dr. Velasco submitted verification of attending the course at Vanderbilt in June 2016.

Note: It will be important for Dr. Velasco to complete the above courses early in his participation in the Plan rather than later so that he has time to integrate newly learned skills and sufficiently demonstrate his maintenance improvements in charts reviewed.

B. Evidence-Based Self-Study

The purpose of this module is to demonstrate self-directed learning and to create educational resources for reference. Dr. Velasco will:

1. *For each of the topics and subtopics* listed in the Medical Knowledge Enhancement Learning Goals, submit a brief paragraph, case based discussion, outline, or algorithm to summarize the major points learned;
   a. In preparing the submission, Dr. Velasco will use *at least two resources for each of the topics and subtopics* listed in the Medical Knowledge Enhancement Learning Goals. The submission should explain the applicability of knowledge to his practice, including how he will utilize the learned information in his practice. If the information is not applicable to his practice, he should explain his rationale;
      1) Appropriate resources are current, peer-reviewed, evidence-based medical references. Notes from a pertinent conference may be utilized with prior Associate Medical Director approval;
2. Identify and become familiar with the resources for current guidelines relevant to the Medical Knowledge Learning Goals;
   a. Document and submit appropriate clinical guideline resources on an Education Log;
   b. Document this review in the self-study section of the Education Log;
3. Subscribe to, or regularly review, the *Brown University Psychopharmacology Update;*
4. Read Chapters 1-11 of Learning Clinical Reasoning, Second Edition by Jerome P. Kassirer, M.D., John B. Wong, M.D., and Richard I. Kopelman, M.D., and discuss with the Preceptor;
   a. Document reading and discussions on Education Logs;
5. Participate in self-study relevant to his practice for the duration of the Plan.

C. Case-Based Activities

Dr. Velasco will:

1. Review cases in chapters 12-22 of Learning Clinical Reasoning, Second Edition that illustrate concepts applicable to identified needs;
   a. Document this review in the self-study section of the Education Log;
2. Pursue case-based learning through resources such as:
   http://www.psychopharmacologyupdate.com/
   https://stahlonline.cambridge.org/
   http://www.psychiatrictimes.com/

D. Practice-based Learning

Dr. Velasco will:

1. Review current peer-reviewed, evidence-based medical literature pertinent to psychiatry throughout the duration of the Plan including literature or resources recommended by the Preceptor or Associate Medical Director;
2. Review the information pertaining to reducing administrative frustrations and increasing time with patients found at the link below:
   http://www.ama-assn.org/ama/ama-wire/post/real-physicians-making-their-practices-thrive?utm_source=Lyris&utm_medium=email&utm_term=060815&utm_content=STEPS_forward&utm_campaign=marketing_campaign-wire_alert
3. Utilize appropriate Internet web sites and other medical resources.

E. Systems-based Practice

Dr. Velasco will:

1. Discuss with the Preceptor ways to augment his awareness of systems-based practice such as:
   a. Familiarity with different types of medical practice and delivery systems;
   b. Awareness of resources for patients and ways to help patients work within that system;
   c. Understanding of issues within the medical system which contribute to and reduce medical error;
   d. Understanding of cost effective resource allocation and appropriate prescribing patterns to that end;
   e. Participating in interdisciplinary teams as appropriate.

Core competencies which have been adopted by the American Board of Medical Specialties and the Accreditation Council for Graduate Medical Education can be found here:
http://www.abms.org/maintenance_of_certification/MOC_competencies.aspx

F. Internet-Based Medical Information Resources

Dr. Velasco will:

1. If he does not already do so, utilize electronic resources at the point of care (in the inpatient and outpatient settings) such as a computer with access to the Internet. Software or web sites should assist with immediate access to up-to-date medical information relevant to medication prescribing and drug interactions, and patient care decisions, including

formulating an adequate differential diagnosis, interpreting test results and evaluating treatment options.

G. Communication

Dr. Velasco will:

1. With an experienced psychiatric Preceptor or communication professional with training related to performance of psychiatric interviews, perform simulated psychiatric patient interviews with immediate feedback and coaching to address topics *including, but not limited to,* gathering of psychiatric information, recognition of acuity of illness and performance of appropriate suicide and safety assessments, communication skills, and performance of mental status examinations;
   a. Ensure that the Preceptor or communication professional provides a detailed report to the Associate Medical Director pertaining to Dr. Velasco's participation in and completion of this training;
2. Read pertinent chapters of the Field Guide to the Difficult Patient Interview by Frederic W. Platt, M.D., and Geoffrey H. Gordon, M.D., and discuss with the Preceptor;
   a. Document chapters read on an Education Log;
   b. The Preceptor and Associate Medical Director may assign particular chapters;
3. After completion of the above, submit to CPEP completed patient questionnaires addressing Dr. Velasco's communication skills.
   a. The questionnaire and more direction will be provided by CPEP.

MODULE B
PATIENT CARE ENHANCEMENT

During the activities described in this Module the Preceptor will provide feedback to Dr. Velasco with regard to improvements in all areas of the Learning Goals. The Preceptor will coach Dr. Velasco to integrate improved knowledge, decision-making and documentation into daily patient care. All meetings and activities will be documented on an Education Log provided by CPEP.

Timeline

- See *Section IV* for complete time frames for the Preceptor approval process and initiation of Preceptor Meetings and the Point of Care Experiences.
- Once initiated, Preceptor Meetings and chart reviews will continue for the duration of the Plan.

PSYCHIATRY

Outpatient Setting

Dr. Velasco will:

1. Supervision:
   a. For a period of time to be determined by the Preceptor and Associate Medical Director, engage in patient encounters with 100% direct supervision at the point of care by the Preceptor;

1) Direct supervision is defined as side-by-side observation of the patient encounter by the Preceptor;

b. Document the cases specifying the condition/diagnosis and plan for each patient on the PoC Case Log provided by CPEP;

c. Ensure that the Preceptor speaks with the Associate Medical Director to discuss Dr. Velasco's progress before proceeding to Concurrent Case Review;

d. **If Dr. Velasco is unable to secure an approved Preceptor to provide 100% direct supervision within 30 days of signing this Plan, then CPEP will consider as an alternative his immediate participation in the communication training noted above in *G. Communication*., to occur in conjunction with the Concurrent Case Review noted below. CPEP will confer with the Board regarding this possible alternative;**

2. Concurrent Case Review:
   a. For a period of time to be determined by the Preceptor and Associate Medical Director, review each case with the Preceptor prior to patient discharge from the office to determine if patient care was appropriate;
   b. Document the cases specifying the condition/diagnosis and plan for each patient on the PoC Case Log provided by CPEP;
   c. Ensure that the Preceptor speaks with the Associate Medical Director to discuss Dr. Velasco's progress before proceeding to End-of-Day Case Review;
3. End-of-Day Case Review:
   a. For a period of time to be determined by the Preceptor and Associate Medical Director, review each case with the Preceptor at the end of each day to determine if patient care was appropriate;
   b. Document the cases specifying the condition/diagnosis and plan for each patient on the PoC Case Log provided by CPEP;
   c. Ensure that the Preceptor speaks with the Associate Medical Director to discuss Dr. Velasco's progress before proceeding to Weekly Case Review;
4. Weekly Case Review:
   a. Implement weekly meetings with the Preceptor. During these meetings:
      1) Retrospectively review a minimum of six cases each week with the Preceptor;
      2) Have each note for the above patient encounters reviewed for completeness and overall quality by the Preceptor and receive feedback on management and documentation of the patient visit;
   b. After seeing patients for three weeks, submit six charts to the Associate Medical Director for review to evaluate Dr. Velasco's readiness to progress to the Precepted Education Experience;
5. Conclusion:
   a. At the completion of the above activities, Dr. Velasco will:
      1) Ensure that the Preceptor speaks with the Associate Medical Director and submits a written report documenting Dr. Velasco's readiness to proceed to independent patient care in the outpatient setting;
      2) Receive notification from the Associate Medical Director that the PoC Experience in the outpatient setting has been completed.

Inpatient Setting
Dr. Velasco will:

1. Upon Admission, Change in Status, Upon Discharge:
   a. For a period of time to be determined by the Preceptor and Associate Medical Director, review each case with the Preceptor upon admission to determine if patient care was appropriate;
   b. Review each patient's progress with the Preceptor on a daily basis, with any acute change in status, and prior to discharge;
   c. Document the cases specifying the condition/diagnosis and plan for each patient on the PoC Case Log provided by CPEP;
   d. Ensure that the Preceptor speaks with the Associate Medical Director to discuss Dr. Velasco's progress before proceeding to Weekly Case Review;
2. Weekly Case Review:
   a. Implement weekly meetings with the Preceptor. During these meetings:
      1) Retrospectively review all cases each week with the Preceptor;
      2) Have each note for the above patient encounters reviewed for completeness and overall quality by the Preceptor and receive feedback on management and documentation of the patient visit;
   b. After seeing patients for three weeks, submit six charts to the Associate Medical Director for review to evaluate Dr. Velasco's readiness to progress to the Precepted Education Experience;
3. Conclusion:
   a. At the completion of the above activities, Dr. Velasco will:
      1) Ensure that the Preceptor speaks with the Associate Medical Director and submits a written report documenting Dr. Velasco's readiness to proceed to independent patient care in the inpatient setting;
      2) Receive notification from the Associate Medical Director that the PoC Experience in the inpatient setting has been completed.

Controlled Substances Prescribing Log

Should Dr. Velasco be permitted by prescribe controlled substances at any time during his participation in this Plan, he will:

- Maintain a controlled substances prescribing log *for all controlled substances prescribed* for review and discussion with the Preceptor during meetings and for monthly submission to CPEP for review.
- The Log is a daily record of controlled substances prescribed and should be completed at the time the patient is seen.
- The log should include, at a minimum, the date of the visit, a patient identifier, the patient's diagnosis for which the controlled substance is being prescribed, the medication – strength, dosing, quantity, refills, if any – the daily morphine milligram equivalents (MME/day), whether the state PMP was queried and most recent UDT, the treatment goal and plan with any changes, and the date the patient and plan were discussed/reviewed with the Preceptor (this can be added later). A template will be provided by CPEP.

B. PRECEPTED EDUCATION

It will be important that the Preceptor Meetings and activities are thorough and that the Preceptor provides objective feedback sufficient to support Dr. Velasco's improvement with regard to the specific Plan Learning Goals. All meetings and activities will be documented on an Education Log provided by CPEP.

Guideline

Having knowledge is distinct from applying knowledge. It is essential that, when reviewing charts, the Preceptor determine whether or not the participant *applied* his knowledge to actual patient care.

PRECEPTOR MEETINGS

After completion of the PoC Experiences, Dr. Velasco will:

1. Meet with the Preceptor twice monthly for the duration of the Plan. To provide a quality learning experience, CPEP recommends that each meeting be a minimum of two hours;
2. With the Preceptor and in conjunction with the activities described below in *Preceptor Meeting Activities*, utilize the following to address the Learning Goals:
   a. Chart review and case-based discussions;
   b. Hypothetical case discussions;
   c. Topic discussions;
   d. Current medical literature reviews;
   e. Utilization of appropriate Internet web sites and other medical resources.

Guideline

Although impromptu collegial discussions may occur outside of Preceptor Meetings, such discussions are separate from the Preceptor Meeting requirement.

PRECEPTOR MEETING ACTIVITIES

Chart Review Objectives

Charts are the primary method of evaluating the participant's application of knowledge and clinical judgment and reasoning. Therefore, charts submitted to the Preceptor and the Associate Medical Director as described below should demonstrate the participant's integration of feedback and information learned as a result of completing Module A activities. Submitted charts should reflect consistent improvements in overall patient care.

Charts reviewed during Preceptor Meetings will be those of patients for whom Dr. Velasco provided independent/unsupervised care. Charts as described below should address the Plan Learning Goals as much as possible.

During the Precepted Education, Dr. Velasco will:

1. Retrospective Chart Reviews:
   a. Submit to the Preceptor for review no fewer than 16 redacted* charts per month (8 charts per twice-monthly sessions);
      1) The Preceptor may also specify cases to be reviewed;

2) Redacted* copies of charts should be submitted to the Preceptor in time for the Preceptor to review them before the meetings;

b. Submit to CPEP by the fifth of *every other* month (month to be determined), four of the 24 redacted* charts used in the Preceptor Meetings;
   1) The Associate Medical Director may also specify charts to be submitted;

c. Cases should be specifically relevant to the Plan as well as representative of the scope of Dr. Velasco's practice.

2. Didactic Discussions and Coaching:
   a. Clinical Judgment:
      1) With the Preceptor, discuss the Clinical Judgment Learning Goals and application of knowledge to patient care;
      2) Develop and discuss with the Preceptor systems (protocols, algorithms, and/or chart templates) or other strategies for organizing the clinical evaluation to ensure that the Clinical Judgment Learning Goals are addressed and that improvements are integrated into his daily patient care;
   b. Documentation:
      1) Receive coaching from the Preceptor that addresses general documentation principles as well as the specific areas of need described in Learning Goal C, *Documentation*, including strategies and/or use of chart templates for improved documentation;
   c. Medical Knowledge:
      1) Discuss with the Preceptor each topic and subtopic identified in Module A, including applicable and current evidence-based guidelines as available. Dr. Velasco should also discuss his topic/subtopic summaries with the Preceptor;
   d. Communication:
      1) Receive coaching and review reference materials described in the Plan related to communication skills;

3. Lifelong Learning:
   a. Develop lifelong learning skills:
      1) Discuss and develop a plan with the Preceptor for maintaining current standards in adult and adolescent psychiatry after conclusion of the Educational Intervention. Discuss the plan with the Associate Medical Director and demonstrate ongoing learning throughout the duration of the Plan. The plan should:
         a) Incorporate Internet-based resources;
         b) Integrate evidence-based medicine resources;
         c) Promote lifelong learning;
         d) Include activities that address clinical decision-making, such as case studies.
   b. CPEP encourages Dr. Velasco to:
      1) Review and reflect on the status of his learning and improvements on an ongoing basis;
      2) Keep a learning journal on his reflections, including which activities were beneficial, or not beneficial, and why.

** Refer to Appendix B, Privacy of Individually Identifiable Health Information*

Guidelines

- During the Preceptor Meetings, the Preceptor should provide coaching and recommendations to the participant to ensure that improvements in all Learning Goals identified in the Plan are collectively and consistently applied to Dr. Velasco's actual patient care.
- The participant's progress will be determined based on the achievement of the Learning Goals and in consideration with generally accepted standards of care. The constraints of a physician's practice circumstances, such as the availability of local medical resources, are taken into consideration when reviewing a physician's actual practices.

IV. INITIATING THE PLAN

A. Determining the Start Date and Beginning Educational Activities

1. Dr. Velasco will sign and return the Plan to CPEP by December 16, 2016. He will then:
   a. Initiate the Plan the first day of the month following CPEP's receipt of the signed Plan;
   b. Receive an Education Notebook from CPEP with directions, Education Logs, resources, and other information to complete the educational activities;
   c. Initiate and document self-study activities and course participation;
   d. *After reviewing* the Preceptor qualifications described in the *Preceptor Overview and Agreement,* identify a Preceptor candidate if Dr. Velasco has not already done so;
      1) The Preceptor must be board certified in the same specialty and have a practice similar to Dr. Velasco's;
2. Provide a copy of the Plan, *Preceptor Overview and Agreement,* Confidentiality Statement, and a copy of the Assessment Report to the proposed Preceptor so that the approval process, as described below, can progress accordingly.

B. Preceptor Approval

1. By January 16, 2017, Dr. Velasco will submit to CPEP:
   a. The proposed Preceptor curriculum vitae (CV) including the Preceptor name and contact information;
   b. Signed CPEP Authorization to Release/Receive Information form authorizing CPEP to communicate with the Preceptor;
      1) A telephone call with the Preceptor and the Associate Medical Director will then be scheduled as part of the approval process;
      2) The participant will be notified of the approval;
2. Upon notification of approval, Dr. Velasco will begin meeting regularly with the Preceptor. He should document meetings on an Education Log.

Guideline

For the participant's educational benefit, the Preceptor must meet the qualifications as described in the *Preceptor Overview and Agreement.* Additionally, CPEP must approve the Preceptor in order for any precepted activities to be applicable to the Plan.

V. PARTICIPATION AND MONITORING

Consistent participation in educational activities, including regular and timely submission of materials and participation in scheduled CPEP conference calls, enhances the educational experience. Such participation may also impact the duration of the Plan. Because the Associate Medical Director must be able to evaluate the participant's ongoing progress and provide timely and pertinent feedback, Dr. Velasco will:

1. Maintain Education and PoC Case Logs:
   a. Education Logs should document all educational activities including Preceptor Meetings and the content of the Meetings, and those activities that are outside of the scope of the Plan but relevant to his practice;
   b. PoC Case Logs should document PoC activities as previously described in Module B;
2. Maintain Controlled Substances Logs, if applicable;
3. Submit materials:
   a. By the fifth of every month, submit:
      1) Education Logs;
      2) Preceptor Report forms completed by the Preceptor;
      3) Controlled Substances Log, if applicable;
      4) Other materials relevant to the Plan or as requested by the Associate Medical Director;
   b. By the fifth of every month and until the following has been completed, submit:
      1) Case Logs for the PoC activities;
      2) Topic/subtopic summaries;
      3) CME certificates and/or other documentation of completed activities specified in the Plan (if applicable);
4. Submit Charts:
   a. Either monthly or every other month, as directed by CPEP, submit charts,** as described in Module B. Charts must be complete and if possible, include one year of patient care and include the Preceptor's written comments either on or with the copies of the charts. More information will be provided when the Plan is initiated;
   b. At the request of the Associate Medical Director, submit randomly selected charts for review from Dr. Velasco appointment and hospital schedule;
5. Communication:
   a. Participate in calls with CPEP as requested;
   b. Respond to emails or letters from CPEP in a timely fashion;
6. Be responsible for his and his Preceptor's participation in the Plan activities and his educational progress;
7. Demonstrate maintenance of improvements for all Learning Goals prior to conclusion of the Patient Care Enhancement activities.

**See *Module B, Retrospective Chart Review* to determine if charts should be submitted monthly or every other month

FORMATIVE EVALUATION
Evaluation of Educational Progress

Ongoing progress is measured using formative evaluation tools such as regular chart reviews, review of topic/subtopic summaries, participant and Preceptor discussions with the Associate Medical Director, and written Preceptor Reports.

Approximately every four months, Progress Reports will be generated and provided to Dr. Velasco and to other entities for which Dr. Velasco has provided authorization. The Progress Reports will capture Dr. Velasco's progress as demonstrated during Formative Evaluations conducted during that reporting period.

SUMMATIVE EVALUATION
Post-Education Evaluation

Following the completion of the Plan activities, Dr. Velasco will participate in a Post-Education Evaluation (Evaluation) to demonstrate that he achieved the Learning Goals and successfully completed the Educational Intervention. The Evaluation will be focused on the areas identified as Learning Goals in the Plan and will consider Dr. Velasco's scope of practice. (See Section 5.1(e) of the CPEP *Educational Intervention Participation Agreement* for more information.)

- Dr. Velasco will schedule the Evaluation no sooner than two months, and no later than four months, following notification from CPEP that he has completed the Plan activities.

VI. ESTIMATED DURATION

Plan Learning Goals and Performance Objectives
Most participants complete an Education Plan in approximately 12-18 months. The actual duration varies depending on many factors including the scope of educational needs identified.

CONDITIONS
- Modifying an approach to overall patient care, specifically application of knowledge, clinical judgment and documentation may be challenging. Additionally, certain aspects of the Plan cannot be predicted, such as spectrum of patients and cases presented, as well as the participant's dedication to the educational activities. Therefore, the duration of the Plan can only be estimated.
- CPEP reserves the right to change the content and/or duration of the Education Plan.
- CPEP is not responsible for ensuring that the participant obtains any required privileges or credentials while participating in the Education Plan; this is the responsibility of the participant.

- Once the participant has completed the Education Plan and/or has been authorized to complete the Post-Education Evaluation, CPEP is no longer reviewing charts or providing educational services to the participant.
- If Dr. Velasco does not engage in this Plan by November 24, 2017, CPEP may require completion of additional Assessment activities to ensure that Dr. Velasco's current educational needs are addressed.

SIGNATURES

_____ _____
P. Joel Velasco, M.D. Date

_____ _____
Abigail C. Anderson, M.D. Date
Associate Medical Director

Return the signed original Education Plan to CPEP. Keep copies of the Plan for your reference and to forward to Preceptor candidates.

APPENDIX A
Practice Profile

P. Joel Velasco, M.D.

Dr. Velasco provided the following information to CPEP in December 2016. He should notify CPEP of any changes to his profile while participating in the Plan.

Specialty

Psychiatry

Licensure

Licensing State	Status
Kentucky	Active with restrictions
Indiana	Active

Practice Setting

Outpatient and inpatient

Practice Profile

Volume of patients per day: 3-5 office-based patients
Number of days worked per week: 5
Number of patients admitted per month: 25-30
Number of days on-call per month: 4

Commonly Encountered Diagnoses

Major depression, personality disorders, bipolar disorder, anxiety disorder, panic disorder, schizoaffective disorder, schizophrenia, alcohol and other drug abuse/dependence, dementia

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APPENDIX B

[Code of Federal Regulations]
[Title 45, Volume 1]
[Revised as of October 1, 2002]
From the U.S. Government Printing Office via GPO Access
[CITE: 45CFR164.514]

TITLE 45--PUBLIC WELFARE AND HUMAN SERVICES

PART 164--SECURITY AND PRIVACY

Subpart E--Privacy of Individually Identifiable Health Information

Sec. 164.514 Other requirements relating to uses and disclosures of protected health information.

(a) Standard: de-identification of protected health information. Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

(b) Implementation specifications: requirements for de-identification of protected health information. A covered entity may determine that health information is not individually identifiable health information only if:

(1) A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:

(i) Applying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and

(ii) Documents the methods and results of the analysis that justify such determination; or

(2)(i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

(A) Names;

(B) All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:

(1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and

(2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

(C) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates

(including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

(D) Telephone numbers;
(E) Fax numbers;
(F) Electronic mail addresses;
(G) Social security numbers;
(H) Medical record numbers;
(I) Health plan beneficiary numbers;
(J) Account numbers;
(K) Certificate/license numbers;
(L) Vehicle identifiers and serial numbers, including license plate numbers;
(M) Device identifiers and serial numbers;
(N) Web Universal Resource Locators (URLs);
(O) Internet Protocol (IP) address numbers;
(P) Biometric identifiers, including finger and voice prints;
(Q) Full face photographic images and any comparable images; and
(R) Any other unique identifying number, characteristic, or code; and

(ii) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

(The remainder of this page is intentionally blank.)

APPENDIX C

CPEP GLOSSARY AND DESCRIPTION OF EDUCATIONAL PROCESS

EDUCATIONAL INTERVENTION

The Educational Intervention describes the entire educational program, which includes the development and monitoring of the Education Plan and services provided by CPEP, such as progress reports, ongoing support to the participant, and the Post-Education Evaluation.

EDUCATION PLAN

A CPEP Education Plan (Plan) is an individualized structured educational process based on the findings of the Assessment (see below). Because CPEP Plans are personalized, each Plan contains requirements that are specific to the needs of the participant for whom the Plan was developed. Requirements, such as the type of educational activity, the intensity or duration of an activity, or the level of supervision, will vary per Plan. Requirements may also be modified as the participant's needs evolve over time. The Plan typically concludes with a Post-Education Evaluation (Evaluation) so that the participant can objectively demonstrate that the Goals of the Plan have been achieved.

ASSESSMENT

The Assessment is designed to evaluate the participant through use of specialty-specific, individualized testing tools. An Associate Medical Director oversees the Assessment and attends clinical interviews to ensure that the process is reflective of the participant's practice specialty and takes into account any noted reason for referral. Results from the participant's performance in each assessment modality are incorporated into an Assessment Report. The Assessment Report reflects the effort and analysis of CPEP's Medical Director, Associate Medical Director, and administrative staff.

ASSOCIATE MEDICAL DIRECTOR

The CPEP Associate Medical Director (AMD) is a qualified physician who oversees the participant's educational progress and compliance during the Plan. The AMD also provides training to and communicates with the Preceptor (see below).

EDUCATIONAL PRECEPTOR (PRECEPTOR)

A Preceptor is a qualified physician who is approved by CPEP, and the referring organization if applicable. The Preceptor's main function is educational. He is expected to teach, provide educational guidance, and evaluate the participant's educational progress. The Preceptor provides one-on-one education, incorporates case reviews and discussions into the meetings, and may provide supervision (see below) during patient encounters or procedures as directed in the Plan. A secondary Preceptor may be identified to address specific/specialty areas (e.g., cardiology, pharmacology) or to address the unique needs of a participant.

LEARNING GOALS

A Learning Goal describes the measurable areas of knowledge, skills, and/or concepts that a participant will gain by completing the described educational activities. Learning Goals are developed based on the findings of the Assessment. At the request of a referring organization or the participant, other goals may also be included.

PERFORMANCE OBJECTIVES/EDUCATIONAL ACTIVITIES

Performance Objectives specify the educational activities that are recommended to achieve the Learning Goals. Appropriate completion of the activities demonstrates that the information/skills/concepts have been addressed by the participant's utilization of the defined strategies or learning tools. See *Description of Educational Activities.*

EVALUATION METHODS

CPEP incorporates both formative and summative evaluations:

- A formative evaluation occurs during the educational program to assess initial and ongoing learning as the educational experience progresses, i.e., AMD and Preceptor discussions, topic/subtopic summaries, chart reviews, etc.
- A summative evaluation focuses on the outcomes and impact of the learning experience at the completion of an educational program, i.e., Post-Education Evaluation.

PARTICIPATION/COMPLIANCE

The CPEP staff and AMD monitor the participant's participation/compliance with the Plan. Participants must regularly participate in acceptable educational activities as directed by the Plan and submit materials within the timeframes established by CPEP. The participant must also demonstrate progress toward attainment of the Learning Goals. Inappropriate participation/noncompliance will be reported to the referring agency. If a participant is not participating or progressing appropriately, the Plan may be placed in one of the following categories:

- *Hold:* Occasionally, CPEP, in conjunction with the referring organization, may allow a participant to postpone, or place educational activities on hold, for a predetermined period of time (typically one to three months). Generally the hold status is offered to allow the participant the opportunity to address personal or professional issues that would prevent him/her from appropriately focusing on educational activities. A postponement of educational activities is not recommended, and should be limited to a one-time occurrence.
- *Suspension:* CPEP may suspend the participant's Education Plan if it is determined that the participant has:
  - Participated in inappropriate or minimal educational activity;
  - Failed to provide documentation of educational activities,
  - Failed to respond to CPEP requests or direction;
  - Not benefited from participation in the Plan.

It may be possible for the participant to reengage in educational services.

COMPLETION OF THE PERFORMANCE OBJECTIVES

Completion of Performance Objectives with approval to participate in a Post-Educational Evaluation: Overall, formative evaluations indicate that the participant completed the Performance Objectives by adequately demonstrating appropriate gains in knowledge/skills to achieve the Learning Goals. The participant will be advised to schedule a Post-Education Evaluation.

- *Incomplete Performance Objectives:* The participant has made insufficient progress toward completion of Performance Objectives or toward achievement of the Learning Goals. Based on the areas of remaining educational need and CPEP staff review of the participant's activities, CPEP will provide recommendations that may include the following:
  a. *Termination due to Maximum Educational Benefit:* While the participant may have made progress in the Plan, he has not demonstrated successful completion in one or more of the Plan's Goals or Objectives. Prior improvements may not have been maintained and/or regression in the educational process was demonstrated. CPEP determined that there would be little or no benefit for the participant to continue with an educational program at that time.
  b. *Termination due to Non-Compliance:* The participant has violated or would not comply with the CPEP Participation Agreement and/or the Education Plan such that an appropriate working relationship with the participant is not possible. Future CPEP services would not be available to the participant.

POST-EDUCATION EVALUATION (EVALUATION)

The Evaluation is a summative assessment that measures the maintenance of the improvements made by the participant as a result of progressing in and completing the Plan. The content of the Plan and the participant's scope of practice will be addressed during the Evaluation. The method of the Evaluation is similar to the Assessment process.

COMPLETION OF THE EDUCATIONAL INTERVENTION

- *Successful Completion:* The participant successfully completed the Plan Objectives and the summative evaluation). There are generally no or limited recommendations for further educational activities.
- *Insufficient Progress to Support Successful Completion of the Plan:* In the summative evaluation, the participant has not demonstrated sufficient achievement of one or more Learning Goals to successfully complete the Educational Intervention. Based on the areas of remaining educational need identified in the Post-Education Evaluation and on CPEP staff review of the prior Plan activities, CPEP may recommend:
  a. *Education Plan Addendum*: An extension of the Plan designed to address residual areas of need identified in the summative evaluation;
  b. *Maximum Educational Benefit:* Following completion of the Post-Education Evaluation, CPEP may determine that the participant has not demonstrated successful completion of the Plan and/or integration of improvements into daily patient care and would not benefit from further educational activities.

LIMITATIONS

- A CPEP Education Plan is not intended to provide the same rigor of training or depth of curriculum as a residency nor can it lead to eligibility for board certification. A residency program is provided through an accredited graduate medical education program.
- The Education Plan is not intended to provide proctoring, either for the purpose of gaining hospital privileges or to fulfill any other entities requirement for proctoring. Proctoring is an objective evaluation of a physician's clinical competence by a physician who represents and is responsible to the health care facility medical staff or another entity. A proctor does not teach or make recommendations for improved patient care.
- The Preceptor's role is not the same as a practice monitor, who is expected to focus on patient safety, evaluate the physician's practice, and report to an authoritative entity. The Preceptor should be able to focus only on the Education Plan. CPEP strongly recommends that the preceptor and the practice monitor not be the same individual.

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DESCRIPTION OF EDUCATIONAL ACTIVITIES

MEDICAL KNOWLEDGE ENHANCEMENT

Educational activities are recommended to improve medical knowledge. Some activities are topic specific while others are more broad. Topic-specific activities may include literature searches that acquaint and familiarize the participant with reliable and current information and resources. This activity often introduces the use of the Internet to participants as well as directs their attention to the need for ongoing professional development. The participant must identify appropriate literature resources and materials for reading and research. The participant will submit a written synopsis of articles and/or guidelines specific to the Plan. An acceptable synopsis will adequately describe how the participant can apply the information to his practice.

To meet the need for a broader review of medical knowledge, the Plan may recommend continuing medical education (CME) activities and/or courses. The Plan generally recommends online activities, but occasionally the Plan will recommend an onsite course. CME may also be recommended for certain topics or knowledge areas in which CME would provide a more optimal educational experience.

POINT OF CARE EDUCATIONAL EXPERIENCE (POC)

PoC education occurs at the moment of the patient encounter. PoC education can occur in the outpatient, inpatient, or surgical setting. CPEP's PoC experiences are designed to allow the Preceptor to observe, educate, and/or provide supervision as the participant is providing patient care or performing procedures. The length of time and the level of supervision are determined based on the participant's educational goals. Following are descriptions of the levels of supervision that may be included in a Plan:

A. Focused PoC Training

This is a finite educational experience, which generally lasts from one day up to four weeks. It is designed to provide focused training and an enriched educational experience in a particular skill, exposure to a particular disease, and/or a particular patient population. This experience may occur in a single block of time or may occur incrementally over an extended period, depending on the scheduling requirements of the preceptor and the facility. It may or may not be required to occur at the beginning of the Plan. The Focused PoC Training may address:

- Skills in the management of acute medical conditions (e.g., asthma, chest pain, pediatric emergencies);
- Skills in the management of a particular patient population (e.g., pediatrics, chronic pain patients);
- Procedural skills (e.g., endoscopy, casting, suturing, laparoscopy, intubation of the difficult airway).

B. Comprehensive PoC Experience

This educational experience is designed to provide preceptor oversight and training covering a broad spectrum of practice issues. Generally, this experience will be completed in a specified and continuous block of time at the beginning of the Plan. Examples of situations that may be appropriate for this experience include:

- A participant returning to practice after an extended absence;
- A participant returning to practice after prior revocation or suspension of licensure;
- The quantity or spectrum of the participant's educational needs is such that the participant would benefit from an intense one-on-one educational experience that would address immediate educational needs.

PoC Process

The PoC experience process is generally as follows.

1. Shadowing/Assisting: The participant observes and/or assists the Preceptor.
2. Direct Supervision: The Preceptor is physically present during the patient encounter or procedure conducted by the participant.
    a. In some instances, the Plan will specify that the participant received 100% supervision. The Plan will specify if this applies to all patient encounters or to patient encounters of a specific type (e.g., pediatric patients; laparoscopic procedures). In the specific areas requiring PoC supervision, CPEP recommends that the participant *not* provide patient care of this type outside of this PoC experience.
    b. If 100% supervision is *not* specified, the supervision would apply only in the context of the PoC activity. The participant would provide patient care outside of the PoC experience.
3. Onsite Consultation: The participant sees patients independent/unsupervisedly with onsite consultation. Consultation will occur as designated by the education plan.

PATIENT CARE ENHANCEMENT

Precepted education provides a longitudinal learning experience that occurs through regularly scheduled meetings with the Preceptor. The Precepted Education may occur concurrently with the PoC Experience. The meetings address the Plan's Learning Goals through didactic exercises, chart reviews, review of literature and appropriate Internet web sites, as well as case-based and hypothetical discussions. Precepted Education may include any or all of the following:

- *Initial observation:* The Preceptor may observe the participant in his practice setting to provide insight to the preceptor about the participant's practice and environment. (Generally four to eight hours of observation.)
- *Prospective chart review:* The Preceptor and the participant will discuss treatment and/or procedural plans, treatment alternatives, and procedure and patient selection.
- *Retrospective chart review:* The Preceptor reviews charts from prior patient encounters. Such reviews facilitate discussions that address medical knowledge, clinical judgment, application of knowledge, and documentation, as well as overall patient care.