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**OFFICE OF THE
NEW YORK STATE COMPTROLLER**

**DIVISION OF STATE
GOVERNMENT ACCOUNTABILITY**

**NEW YORK STATE
OFFICE OF MENTAL
HEALTH**

**CREEDMOOR
PSYCHIATRIC CENTER
CONTINUING MEDICAL
EDUCATION CREDITS**

Report 2008-S-99

AUDIT OBJECTIVES

The objective of our audit was to determine whether physicians at Creedmoor Psychiatric Center have been earning the required number of Continuing Medical Education (CME) credits deemed necessary to perform their duties. Our objective was also to assess how Creedmoor's requirements related to the Office of Mental Health's overall policy and directive on CME.

AUDIT RESULTS - SUMMARY

The NYS Office of Mental Health (OMH) operates 27 psychiatric centers throughout the State, including the Creedmoor Psychiatric Center. These centers care for and treat adults and children with significant psychiatric disabilities.

Creedmoor, located in Queens, had a budget of \$71.1 million for the fiscal year ended March 31, 2008. As of June 30, 2008, Creedmoor had a medical staff of 74 physicians working in its Departments of Psychiatry and Medicine.

Acknowledging the importance of continuing professional education, and consistent with the American Medical Association's (AMA) guidelines on CME credits, OMH officials have issued guidelines encouraging the physicians employed by their 27 psychiatric facilities to acquire 60 CME credits over each consecutive three-year period, an average of 20 credits per year. However, OMH allows each of its facilities to establish their own specific CME requirements. As a result of this policy, Creedmoor officials have decided to require each of their physicians to acquire 40 such credits over each consecutive two year period.

According to Creedmoor officials, meeting these CME requirements is an integral factor

when considering a physician for biennial reappointment. However, since CMEs are not the only factor considered during the physician reappointment process, for those physicians who have not obtained the required CMEs, Creedmoor officials may reappoint them anyway with appropriate justification.

We found that 14 of the Creedmoor physicians reappointed during our audit period did not earn the required 40 CME credits in the stated two year period. In fact, nine of the 14 earned fewer than 30 credits, with one of the nine earning just 21 credits. As a result, there is less assurance that these physicians are maintaining, developing and/or increasing the knowledge, skills and professional performance they need to effectively serve their patients, the public and the profession.

We also note that the reappointment-related files maintained for these 14 physicians do not document the consideration of CMEs in the facility's decisions to reappoint them.

Further, as OMH only encourages, and does not require, its physicians to earn a specific number of CMEs, we found that there are notable variances in the number of CMEs required (or encouraged) by each of the 27 facilities for their respective physicians. While 19 of the 27 facilities (including Creedmoor) require CMEs commensurate with the OMH and AMA guidelines (an average of 20 per year), nine facilities require or encourage fewer CMEs than recommended by the guidelines, and one facility has no CME requirements at all.

As a result, the patients in these various facilities might be receiving varying standards of care. As it has been established by the industry that professional continuing education leads to improved healthcare

quality, and the lack thereof can impair the ability of medical professionals to deliver the best possible outcome for their patients, we recommend that OMH officials consider establishing a standard or minimum number of CMEs for all of its physicians consistent with their guidelines.

Our report contains four recommendations regarding compliance with Creedmoor-specific CME requirements, and standardizing OMH' CME policies. OMH officials agree with our recommendations and informed us that they are taking steps to implement them.

This report, dated May 5, 2009, is available on our website at: <http://www.osc.state.ny.us>. Add or update your mailing list address by contacting us at: (518) 474-3271 or Office of the State Comptroller
Division of State Government Accountability
110 State Street, 11th Floor
Albany, NY 12236

BACKGROUND

The NYS Office of Mental Health (OMH) operates 27 psychiatric centers throughout the State. These centers care for and treat adults and children with significant psychiatric disabilities. Creedmoor Psychiatric Center, a major OMH facility located in Queens, had a budget of \$71.1 million for the fiscal year ended March 31, 2008. As of June 30, 2008, Creedmoor had a medical staff of 74 physicians employed by its departments of Psychiatry and Medicine.

According to the American Medical Association (AMA), continuing medical education (CME) serves to maintain, develop, or increase the knowledge, skills, and professional performance a physician needs to properly service their patients, the public and the profession.

According to AMA guidelines, practicing physicians should earn at least 60 CME credits over a consecutive three-year period, or an average of 20 credits per year. In line with the AMA guidelines, OMH encourages, but does not require, the physicians at its 27 facilities to do the same. Instead, OMH officials allow each of their facilities to establish their own specific CME requirements.

Creedmoor officials require each of their physicians to earn at least 40 hours of CME credits over each consecutive two-year period to coincide with their biennial physician reappointment schedule. Creedmoor officials informed us that they consider physicians for reappointment to staff every two years and CME compliance is an integral part of the reappointment decision process among other significant issues such as physician performance. Each physician is responsible for maintaining their respective CME documentation.

Creedmoor's medical staff is organized into two Departments: Psychiatry and Medicine. The Chiefs of these Departments are responsible for monitoring the CME credits earned by their respective physicians, as well as evaluating physician performance and recommending whether each should be re-appointed. The ultimate re-appointment decision is made by a three-member governing body consisting of OMH and Creedmoor senior officials.

AUDIT FINDINGS AND RECOMMENDATIONS

CME Compliance

At Creedmoor, a physician's CME credits are to be documented in his/her "credentialing" file (file). The file is to be reviewed periodically by the respective Chief of

Department to ensure that the required CMEs are being earned. Creedmoor's Clinical Director and the two Department Chiefs expressed the need for continuing medical education and its importance in the physician reappointment decision process.

To determine whether Creedmoor's physicians earned the required 40 CME credits in the two-year period before each was most recently re-appointed, we reviewed the files for all 74 of Creedmoor's physicians. We found that 14 physicians (19 percent) did not earn the required 40 CME credits in the two-year period before their most recent re-appointments. In fact, nine of the 14 earned fewer than 30 credits over their respective two-year periods, and one of the nine earned only 21 credits. In the absence of these credits, there is less assurance that Creedmoor's physicians are, in fact, maintaining the knowledge levels needed for their duties and responsibilities.

We looked for file documentation to determine whether the CME shortcomings of these physicians were considered in the reappointment process. However, we did not find any such documentation.

We also identified weaknesses in Creedmoor's CME monitoring practices. Physicians are required to maintain evidence of their earned CME credits in their respective credentialing files by recording them on a Privileging Tracking Sheet (PTS). The Department Chiefs are responsible for periodically monitoring the files and PTS for compliance with the Creedmoor requirements. However, we found that the PTS is not always completed. Further, instead of periodic CME monitoring, the PTS are reviewed just prior to each biennial reappointment - leaving no opportunity for physicians with insufficient credits to catch up on their CMEs prior to reappointment.

We recommend that the reasons to re-appoint a Creedmoor physician who lacks the required CME credits be documented by Creedmoor officials to evidence their consideration of CMEs, their awareness of the shortage of credits and to note the offsetting reasons for the appointment. Creedmoor officials informed us that they agree with our recommendation and plan to begin maintaining the noted documentation.

Recommendations

To Creedmoor:

1. Re-instruct Medical and Psychiatric Department physicians to submit evidence of their CME credits as soon as the credits are earned to evidence compliance with industry standards and to allow for supervisory monitoring.
2. Ensure that the Department Chiefs periodically review physician files to assess physician CME compliance and to intervene as appropriate.
3. Document the consideration of each physician's compliance with Creedmoor's CME requirements in the re-appointment decision process, and the overriding reasons for reappointment where the required CMEs have not been earned.

OMH's CME Policy

As noted above, OMH officials have allowed each of their psychiatric centers to establish their own physician CME requirements. As a result, we identified notable variances in the number of CMEs required or encouraged by each facility.

We surveyed OMH's other 26 psychiatric centers to determine their respective physician CME requirements and found the following:

- Similar to Creedmoor, the requirements of 17 of the facilities meet or exceed AMA and OMH standards (an average of 20 credits per year), with three facilities (Buffalo, Rockland, and Rochester) requiring as many as 100 credits over each consecutive two-year period.
- Eight of the facilities require less than an average of 20 credits per year with two facilities requiring as few as 20 CME credits over each consecutive two year period (Brooklyn Children's and Capital District).
- One facility (Mid-Hudson Forensic) had no CME requirements at all.

As a result of these varying CME requirements, as noted by industry studies, the persons receiving care at these various facilities may be receiving different standards of care. To help ensure that all OMH physicians are maintaining an acceptable minimum skill level, and to avoid the persons served at the various OMH facilities receiving varying levels of care, we recommend OMH officials consider establishing a standard or minimum number of CMEs for all of its facilities.

Recommendation

To OMH:

4. Consider establishing a standard or minimum CME requirement for the physicians at all OMH psychiatric centers. If such CME requirement is established, provide period oversight for compliance.

AUDIT SCOPE AND METHODOLOGY

We examined physician compliance with Creedmoor's CME requirements for physicians who were re-appointed during the period of July 1, 2006 through June 30, 2008. We also surveyed all OMH facilities to determine their respective CME requirements. To accomplish our objectives, we reviewed industry CME standards and studies, and we interviewed Creedmoor and OMH officials. We also reviewed the credentialing files for all Creedmoor physicians. In addition, we performed a telephone survey of all OMH psychiatric centers regarding their respective CME requirements.

We conducted our audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members to certain boards, commissions and public authorities, some of whom have minority voting rights. These duties may be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our opinion, these functions do not affect our

ability to conduct independent audits of program performance.

AUTHORITY

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

REPORTING REQUIREMENTS

A draft copy of this report was provided to OMH and Creedmoor officials for their review and comment. Their comments were considered in preparing this final report and are included as Appendix A.

Within 90 days of the issuance of this report, in accordance with Section 170 of the Executive Law, the Commissioner of OMH shall respond to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, detailing the steps taken by OMH officials to implement the recommendations contained herein, and where recommendations have not been implemented, the reason(s) therefor.

CONTRIBUTORS TO THE REPORT

Major contributors to this report include Frank Patone, Albert Kee, Santo Rendon, Rita Verma, Raymond Louie, Daniel Bortas, and Dana Newhouse.

APPENDIX A - AUDITEE RESPONSE



State of New York
David A. Paterson
Governor



Office of Mental Health
44 Holland Avenue
Albany, New York 12229
www.omh.state.ny.us

April 2, 2009

Frank Patone, CPA
Audit Director
Office of the State Comptroller
Division of State Government Accountability
123 William Street – 31st Floor
New York, NY 10038

Dear Mr. Patone:

The Office of Mental Health has reviewed the draft audit report entitled, Creedmoor Psychiatric Center Continuing Medical Education Credits (2008-S-99). Our comments to the findings and recommendations contained in the report are enclosed.

The Office of Mental Health appreciates the Office of the State Comptroller's efforts to recommend improvements in our operations.

Many thanks for your continued help and cooperation.

Sincerely yours,

Bruce E. Feig
Executive Deputy Commissioner

Enclosure



**OFFICE OF MENTAL HEALTH
RESPONSE TO OFFICE OF STATE COMPTROLLER
DRAFT REPORT (2008-S-99)
CREEDMOOR PSYCHIATRIC CENTER
CONTINUING MEDICAL EDUCATION CREDITS**

Overall Comments

Creedmoor Psychiatric Center officials have reviewed the findings and recommendations in the Office of the State Comptroller draft report entitled, Continuing Medical Education Credits. Creedmoor is appreciative of OSC's efforts which have led to improvements in the monitoring of CME and its enhanced integration into the repriviliging process.

Creedmoor would like to note that New York State does not have a CME requirement for physicians to maintain licensure. Despite this lack of a state CME requirement, Creedmoor strongly supports CME and will continue requiring at least 40 hours of CME every two years.

Creedmoor Responses to OSC Recommendations

OSC Recommendation No. 1

Re-instruct Medical and Psychiatric Departmental physicians to submit evidence of their CME credits as soon as the credits are earned to evidence compliance with the industry standards and to allow for supervisory monitoring.

Creedmoor Response

Creedmoor fully agrees with OSC's recommendation. At Departmental meetings both the Medical and Psychiatric Departments discussed the need for all certificates for CME to be submitted to the Department as soon as they are acquired. In addition, the Department of Medicine, most of whose physicians get their CME outside the facility, has sent a memo to each physician reinforcing the need to submit documentation of CME. In the Psychiatry Department, where most physicians get the majority of their CME through Creedmoor's own Grand Rounds, the Medical Education Department is now sending a spreadsheet of all Grand Rounds attendance to the Department Head every 6 months. Psychiatry also plans to issue a memo similar to the one issued by the Department of Medicine.

OSC Recommendation No. 2

Ensure that the Departmental Chiefs periodically review physician files to assess physician CME compliance and to intervene as appropriate.

Creedmoor Response

Creedmoor is in full agreement with this recommendation and Department Heads have been notified both verbally and in writing to take the steps OSC has recommended. Department Heads are now reviewing CME documentation, well before repriviliging is due, so they can alert physicians of needed CME, if necessary.

OSC Recommendation No. 3

Document the consideration of each physician's compliance with Creedmoor's CME requirements in the re-appointment decision process, and the overriding reasons for the reappointment where the required CMEs have not been earned.

Creedmoor Response

We are in full agreement with this recommendation. Explicit consideration of CME credits is now documented in the minutes of the Medical Staff Executive Committee for every repriviliging decision. For those under the 40 hour requirement, renewal of privileges is granted only on a contingent basis, with a requirement to obtain the missing CME credit within a 3 month period. Compliance is then reported back to the Executive Committee.

OSC Recommendation No. 4

Consider establishing a standard or minimum CME requirement for the physicians at all OMH psychiatric centers. If such CME requirement is established, provide oversight for compliance.

OMH Response

OMH will consider establishing a standard or minimum CME requirement for the physicians at all OMH psychiatric centers.