Fitness, Competence, and Performance: Helping Physicians to Assure Patient Safety

Session Code: WEO6
Time: 10:30 a.m. – 12:00 p.m.
Total CE Credits: 1.5
Presented by: David Bazzo, MD, FAAFP
Fitness, Competence, and Performance: Helping Physicians to Assure Patient Safety

October 8, 2014
David E.J. Bazzo, M.D
Director, Fitness for Duty
UC San Diego PACE Program

Objectives: At the end this activity will be able to:

- Define the difference between competence, performance and fitness for duty as they pertain to physicians;
- Describe the components needed to evaluate physician competence/performance;
- Describe the components needed to evaluate physician fitness for duty;
- Describe available resources for referring entities.

Outline:

- Definitions and Distinctions
  - Physician Fitness vs. Physician Competence vs. Physician Performance
  - Who predominantly assesses these criteria post-licensure?
    - Medical Boards
    - US vs. Canada
    - Hospital-level referrals growing
- Critical components needed for the evaluation of physician’s
  - Competence/Performance
  - Fitness for Duty
- Programs and Resources Available
  - Coalition for Physician Enhancement
- Case Examples
PACE Program
- PACE origins and the PACE Competence Assessment Program
- The PACE Fitness for Duty Program
- The Physician Enhancement Program (PEP)
- Aging Physicians
- Remedial Education
- Overview of Customized Offerings
  - Disruptive Behavior Offerings
  - Physician Wellness and PWBC Support
  - Physician Leadership
- Competence Assessment – Fitness for Duty Case Studies

UC San Diego PACE Program
- Founded in 1996
- Created to provide assessment of physician competencies and remediation of deficiencies
- Medical boards have been historically the biggest referral source
- Competence assessment of more than 1500 physicians
- Educational services to more than 3000 physicians

How do physicians come to PACE?
- The majority come from the MBC as a result of a disciplinary proceeding
- California Department of Corrections
- Increasingly, referrals come from other state medical boards, hospitals and medical groups
- Occasionally, physicians self-refer to PACE for re-entry training, changing specialty, or in anticipation of a disciplinary action
THE PACE COMPETENCE ASSESSMENT

What to measure?
The ACGME/ABMS 6 Core Competencies

- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

Definitions

“Competence” is possessing the requisite abilities and qualities to perform effectively in the scope of professional physician practice while adhering to professional ethical standards (FSMB)

“Performance” is demonstrated in clinical practice (from Williams BW. J Contin Educ Health Prof 2006;26: 173-91)

“Fitness” is to determine whether the health (physical, mental, substance abuse) of the referred physician is impairing any aspect of work performance
Competence Assessment

- Fair, independent, unbiased
- Large samples of data necessary
- No one format can access all aspects of competence (a variety of formats is necessary)
- Focus on outcomes
- “A judicious blend of structure/objectivity and subjective methods”

Qualities of a Physician Competence Assessment Program
Qualities of a Physician Competence Assessment Program

- Can the assessment program deal with the consequences of decisions?
- Quality control (use of many qualified judges for each assessment; Phase I and Phase II structure; PACE partners with NBME; Case Conference every week)

Qualities of a Physician Competence Assessment Program

- PACE measures both competence and performance (Fitness discussed in next section)
- PACE measures all ACGME/ABMS domains of Core Clinical Competence
- PACE reviews its assessment batteries continually, and seeks constructive feedback from participating physicians, defense attorneys, deputy attorneys general, administrative law judges, and medical board members and staff

PACE Assessment and Remediation

- Phase 1: Two days of multilevel testing and assessment
- Phase 2: Five days of assessment and customized on-site, academic medical center-residency-based education that entails detailed, observational evaluation
### Table: Components/Tools Making Up the Competence Assessment

| Phase I Components | MET | SDTS | SW | UW | UT | VA | WS
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Scheduling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reporting</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
| Phase II Components | MET | SDTS | SW | UW | UT | VA | WS
| Normally scheduled | X   | X   | X  | X  | X  | X  | X  |
| Final report      | X   | X   | X  | X  | X  | X  | X  |

**Estimated timeline**

- **PHASE I**
  - Enrollment - Takes 2 weeks or less
  - Scheduling - Most assessments scheduled within 3-4 weeks
  - Reporting - Most Phase I reports are released within 45 days of attendance

- **PHASE II**
  - Normally scheduled 3-4 weeks in advance
  - Final report sent within 45 days of completion of the activity

UC San Diego

MET Building
Characteristics of Phase II

- Interactive, on-site, faculty-monitored, residency-based, patient-centered, clinical experience.
- Informed by Phase I results
- Participating physicians have no responsibility for patient care. They do not perform procedures, make entries into medical records, or write prescriptions.
- 40 hours/ 5 days; 40 CME Category One credits

PACE Case Conference

- Weekly multidisciplinary meeting where all cases are discussed after Phase I and Phase II and subsequent determinations and recommendations are made.
- Attended by at least two PACE faculty, subspecialty faculty as needed, and four experienced case managers.
- Conclusions:
  - Based upon many pieces of information gathered during seven day assessment and training period.
  - Although we strive to use objective, reproducible, valid measures to the extent possible, the ultimate determination often depends upon expert opinion.

How PACE Determines Risk

- Performance falls into 1 of 4 categories
  - Pass
  - Pass with minor recommendations
  - Pass with major recommendations
  - Fail = unsafe to practice, 12-15% roughly
- Bottom Line:
  - In order to satisfactorily complete the PACE Assessment, the physician must demonstrate a minimum level of clinical competency in each of the ACGME core competencies, compatible with patient safety.
THE PACE FITNESS FOR DUTY EVALUATION

Definitions
Fitness for Duty- Whether a person is physically and mentally capable of safely performing the essential functions of his/her job with or without reasonable accommodation.
Fitness for Duty Evaluation- Evaluation by an impartial, independent health care professional with appropriate expertise in one or more of the following: medical conditions, psychological conditions, and/or conditions related to the use or abuse of alcohol or other substances.

Fitness For Duty (FFD) Evaluation
The purpose of the PACE FFD Evaluation is to determine whether the health (physical, mental, substance abuse) of the referred physician is impairing any aspect of work performance
- Clinical evaluations are conducted by specialists from the UC San Diego Health System
- Neuropsychological, psychiatric, neurologic, occupational health, primary care, and other specialties as needed
- Skill/procedure simulation assessment
How Our FFD Program Came To Be

• Robust health screening has always been part of the PACE competency assessment
  – The first 250 (or so) competency assessments included a complete neuropsychological evaluation and H&P exam
  – Eventually deemed excessive
• Last 1300 (or so) competency assessments have included the MicroCog, self-report forms (PHQ-9, UCSD Family Medicine adult health history questionnaire), and a complete H&P
• Currently ~ 6-7% of competency assessments result in failure due to impairment (about 5-6 per year)

PACE FFD Program Processes

• First Step: establish whether evaluation will be FFD only or combined with competency
• Second Step: Determine who will receive results and whether agreement between UCSD and a hospital/medical group is needed
• Third Step: Obtain background information from referring agency and physician:
  – Information requested from referring agency:
    • Reason(s) for referral in writing
    • Timeline of events
    • Job description if available and/or list of privileges
    • Any additional relevant information

PACE FFD Program Processes

– Information requested from physician:
  • Personal health records
  • Intake form
  • Adult Health Questionnaire
  • Patient Health Questionnaire (PHQ-9)
  • CV
  • Root cause analysis
**PACE FFD Program Processes**

- Fourth Step: Review background information to determine scope of FFDE
  - Only core component is background forms physician submits and an interview with FFD Program Director
  - All other components are selected based on background information received
  - If physician is a proceduralist, we will try to include functional simulation of skills at UCSD's Simulation Center
- Fifth Step: Schedule FFD evaluation

---

**PACE FFD Program Processes**

- Sixth Step: Review results and assign final grade
  - Clearly fit for all aspects of duty
  - Fit for some duties, but not others (fit with accommodations)
  - Unfit for duty
- 7th Final Step: write final report summarizing all aspects of FFDE

---

**Overview of FFDEs to Date**

- First PACE FFD Evaluation – July 2011
- Total FFDEs to date (June 2014) = 24 (22 participants*)
  - *1 participant has been evaluated 3 times
  - 12 of 24 were combined with competency assessment

<table>
<thead>
<tr>
<th>Year</th>
<th># of Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>5</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
</tr>
<tr>
<td>2013</td>
<td>3</td>
</tr>
<tr>
<td>2014</td>
<td>7</td>
</tr>
</tbody>
</table>
Overview of 24 FFDEs to date

Referred By N
Hospital/medical group 19
Physician state health program 2
Medical Board 2
Self referral 1

Where our FFD participants are from

Who are our participants?

17 Male and 7 Female
– Average age of group = 54
  • Oldest = 75
  • Youngest = 32
Average age of male physicians = 58
Average age of female physicians = 45
### Reasons for Referral

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th># Of physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>10</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>3</td>
</tr>
<tr>
<td>Behavioral</td>
<td>7</td>
</tr>
<tr>
<td>Neurologic</td>
<td>5</td>
</tr>
<tr>
<td>Medical</td>
<td>2</td>
</tr>
<tr>
<td>Competence</td>
<td>12</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>4</td>
</tr>
<tr>
<td>Boundaries</td>
<td>2</td>
</tr>
</tbody>
</table>

### Results

24 evaluations total
- 12 participants received a combined competence and fitness for duty evaluation
- 12 participants (totaling 9 FFDEs) received a fitness for duty evaluation only

<table>
<thead>
<tr>
<th>Final Grade</th>
<th>N</th>
<th>%</th>
<th>Avg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly Fit</td>
<td>5</td>
<td>20.8%</td>
<td>56.4</td>
</tr>
<tr>
<td>Fit with accommodations</td>
<td>11</td>
<td>45.8%</td>
<td>55.5</td>
</tr>
<tr>
<td>Unfit</td>
<td>4</td>
<td>16.7%</td>
<td>54.0</td>
</tr>
<tr>
<td>Pending</td>
<td>3</td>
<td>12.5%</td>
<td>44.7</td>
</tr>
<tr>
<td>Incomplete</td>
<td>1</td>
<td>4.2%</td>
<td>59.0</td>
</tr>
</tbody>
</table>

### PHYSICIAN ENHANCEMENT PROGRAM (PEP)
Physician Enhancement Program (PEP)

- Became operational July, 2004
- “In-Practice” program whose mission is to assist individual practicing physicians to reach the highest standards of professional growth and clinical excellence.
- Provides longitudinal assessment: monthly chart audits, telephone call and ongoing mentoring
- In-person site visit at Day 0 and site visit every six months for duration of Monitoring Probation

THE AGING PHYSICIAN

- PACE Demographic and Practice Questionnaire
- History & Physical Exam
- Vision, hearing screening
- Screen for substance abuse and depression
- MicroCog®

PILOT STUDY – underway
- Hospital contracting
REMEDIAL EDUCATION

Regularly Scheduled Courses in San Diego

<table>
<thead>
<tr>
<th>CME Program Offerings</th>
<th>Duration</th>
<th>Cost</th>
<th>AMA Category I Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Record Keeping</td>
<td>2 Days</td>
<td>$1,300</td>
<td>17</td>
</tr>
<tr>
<td>Physician Prescribing</td>
<td>3 Days</td>
<td>$1,800</td>
<td>27</td>
</tr>
<tr>
<td>Clinician Patient Communication</td>
<td>1 Day</td>
<td>$500</td>
<td>8</td>
</tr>
<tr>
<td>Professional Boundaries</td>
<td>3 Days</td>
<td>$2,800</td>
<td>38.75</td>
</tr>
<tr>
<td>Anger Management for Healthcare</td>
<td>3 Days</td>
<td>$2,800</td>
<td>31.25</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger Management Intensive Follow</td>
<td>~7 Months</td>
<td>$3,900</td>
<td>n/a</td>
</tr>
<tr>
<td>Up Program</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PACE Group Instruction CME

- PACE CPD programs are small-group and interactive (The preferred adult learning model)
- All PACE CPD programs are subjected to ongoing evaluation in order to demonstrate acquisition of new knowledge (Pre- and Post-Tests for all participants)
- Attendance and participation in all PACE CPD programs is mandatory for issuance of certification of completion
PACE CME Follow-up

• All PACE CPD programs are studied in perpetuity in an effort to evaluate to what degree our participants demonstrate improved knowledge or clinical behavior. This data also enables us to continuously improve the quality of our programs.

• Participant complete a “Commitment to Change” form at the completion of courses (a pledge to change behavior as a result of new knowledge obtained)

• Participant receive a 3 month post course survey to document adherence to their committed change.

PACE Prescribing (2.5 days)

• Controlled substances: State laws and MBC guidelines

• Managing the “difficult” patient

• Management of chronic pain

• Pharmacology of controlled substances; drug side effects and interactions

• Charting issues in prescribing

PACE Medical Records (2 days)

• The law and the medical record

• Documentation and risk management

• Coding and billing compliance

• HIPAA

• The electronic medical record

• Chart review workshop (of both clinical entries and billing records)
PACE Professional Boundaries (3 days)

• Increasing insight, developing empathy for the victims, changing attitudes
• Intensive, very small group (<8)
• Psychodrama, role-playing
• Values and boundary clarification
• Improves coping skills; teaches good behavioral responses to difficult situations

PACE Anger Management (3 days)

• Small group (<12), intensive
• Learn and practice cognitive and behavioral strategies to manage anger
• De-escalation techniques
• Healthy conflict resolution
• Mindfulness
• Self care

PACE Anger Management Follow-up

• A coaching/mentoring program to increase the likelihood of sustained success in behavioral change for the participant
• Program Elements:
  – 360° Survey
  – 7 coaching sessions
  – Summary report
  – Creation of a behavioral contract-action plan
  – (optional)
PACE Communications (1 day)

- Based on Institute for Healthcare Communications training
- Teach and practice communication skills individually and in teams
- Analysis of videotaped interactions for effective and ineffective techniques
- Greater involvement of the patient in decision-making

Prescribing Course Pre/Post Test Results: PACE docs

Note N = 53, Meanpre = 61%; Meanpost = 72%
pre-post difference, p < .001

Medical Record Keeping Course Pre/Post Test Results: PACE docs

Note N = 92, Meanpre = 71%; Meanpost = 82%
pre-post difference, p < .001
**Boundaries Course Pre/Post Test**

Results: PACE docs

Note N = 22,
Meanpre = 71%;
Meanpost = 85%
pre-post difference,
p < .001

**PACE Customized Education**

Specialized/Rare Topics for Individual Physicians
- Wrong-site surgery
- Supervision of mid-level practitioners
- Pain management
- Practice management
- Time management
- Billing and coding compliance
- Informed consent
- Utilization management
- Unique clinical topics (i.e. "treating febrile children with respiratory problems", "central venous catheter complications", etc.)

**PACE Customized Education**

Communication and Behavioral Education
- “Interpersonal Communication” ~2 Days
  - For physicians who are in a gray area (hard to place in Anger Management of Boundaries categories), or who need intensive and tailored instruction
  - Often described as “abrasive”, “insensitive”, “dismissive”, “culturally insensitive” or having a “personality problem”
  - Includes 360° Workplace Survey, standardized patient exercises or staff communication exercises tailored to participant, behavioral skills training, homework, follow up sessions via phone or Skype
  - Interim report and then final report after the follow up
On-site education examples: “Safe & Effective Prescribing: The Perils and Pitfalls of Controlled Substances”

Prescribing Controlled Substances - 4-hour intensive training
- California Prescribing Laws
- Problem Oriented Medical Records: Guidelines on Prescribing for Chronic Pain
- Dealing with demanding, manipulative and seductive patients (case scenarios, roll playing)
- Rolled out at a Southern California medical group (13 locations, January - April, 2013)

On-site education examples: Leadership

- IMQ/PACE Physician Leadership Conference
  - PACE Topics:
    - Physician Leadership Communication Skills
    - Dealing with Disruptive Colleagues
    - Dealing with Impaired Colleagues


On-site education examples: PWBC

Physician Well-Being Committee Bootcamp
- On-site workshop plus phone consultation
- Recognizing and assisting with physician impairment issues
- Practical strategies for communicating effectively with new referrals
- Application of CMA- and hospital-specific mandates
- Documentation, agreements, note-taking and procedural guidelines
- Promoting the PWBC and building trust
- Working with real case examples
On-site education examples: Depression Awareness

Depression Awareness and Suicide Prevention
- In the U.S., suicide deaths are 250 to 400% higher among female physicians compared to females in other professions.
- Among male physicians, death by suicide is 70% higher than males in other professions.
- UCSD Healer Education Assessment and Referral Program founded in 2009

http://health.ucsd.edu/specialties/wellbeing/Documents/The_Suicide_Prevention_and_Depression_Awareness%20997071.pdf

HEAR Program: A Two-Pronged Approach

Series of face-to-face educational programs about physician depression and suicide to our target groups focused on destigmatizing depression and mental illness treatment.

Web-based screening, assessment, and referral program based on program developed by AFSP

Goals:
- Educate
- Destigmatize
- Identify
- Refer
- Treat depression and prevent suicide

PACE Speakers Bureau: Short Talks

Selected Popular Topics
- The Aging Physician
- How to Stay Out of Hot Water with the Medical Board
- Safe and Effective Prescribing (Split into two shorter sessions)
- Medical Errors
- Physician Wellness and Burnout Prevention
- ...and of course an overview of the PACE Program itself and its program offerings
A 48-year-old male, general practitioner in solo practice for about 20 years. Born, raised, and educated in a country in Southeast Asia and cared for a community of similar ethnicity to his own.

Assessed by PACE secondary to a MBC disciplinary action (office found in disarray by firemen responding to a false alarm, and they reported him to the MBC).

Dr. Beta’s practice style was high patient volume, about half of which was pediatrics, with very sparse data in chart notes.

Both the Phase I and Phase II Assessments revealed clinical competency levels diffusely at or below that of a lay person (!).

The MBC was called immediately with recommendation for Interim Suspension Order; investigation as imposter.
Dr. Gamma

- 80 year-old vascular and trauma surgeon enrolled in PACE as a result of a MBC disciplinary action.
- Index case: postoperative death of a patient.
- PACE Phase I Assessment and a subsequent full battery of neuropsychological testing
  - mild, but abnormal neurocognitive deficits of memory, learning, visuospatial perception, and dominant hand fine motor coordination.

Dr. Gamma

- This case was very difficult for everyone.
- Dr. Gamma had an illustrious career, saved lives, and helped many people.
- Lessons from the airline industry: regular, universal, meaningful, valid health and competency assessment.

Dr. Delta

- 57 yo Critical Care specialist diagnosed with Parkinson’s disease.
- Procedures: Intubation, central lines, chest tubes
- ICU hours: shifts at different times, multiple days in a row
- Hospital needed reassurance
- Has been to PACE 3 times (yearly)
Dr. Delta

- Interview with FFD Director
- Evaluation with movement disorder specialist
- Procedural evaluation of skills with comparison to “norms”

  - Has done well
  - Shift limitations
  - Making retirement plans
  - Yearly evaluations

Dr. Epsilon

- 52 year old vascular surgeon
- Original partner of a group
- DUI
- Group would not accept him back
- Secured second job – enabled
- DUI
- Disruptive behavior
  - Communications
  - Inappropriate material
  - Patient complications

Dr. Epsilon

- Interview FFD Director
- Complete neuropsychological testing
- Behavioral assessment
- Substance use assessment
- 360° evaluation

- Found unfit
  - Brain changes, poor insight
  - Abstinence
  - Retesting after period of time with competency assessment
Dr. Theta

- 56 year-old primary care internist referred by a hospital
- History of quiescent SLE
- Suffered myocardial infarction in 2006 and a right MCA stroke in 2008
- Appeared to have deficits in memory following stroke, exacerbated by extreme difficulties adapting to a new EHR

Dr. Theta

- MRI of brain July 2008 showed diffuse cortical atrophy
- A neuropsychological exam March 2009: moderate deficits in attention, learning and memory, executive functioning, and visuospatial processing

Dr. Theta

- What do you do?
- He is a nice man and a longtime colleague
- Harvard-trained and ABIM-certified
- No patient complaints or clinical errors noted, but colleagues say “he’s lost a step”
Dr. Theta at UCSD PACE

• Very nice man; kind, professional
• Became lost several times
• Demonstrated left-sided neglect
• Verbal IQ=128 and Performance IQ=85 (Full Scale IQ=108)
• His exam of the mock patient was disorganized, but he
  was very kind and professional and the patient gave
  him the highest scores possible

Dr. Theta at UCSD PACE

• Oral clinical exam score: 40% with passing being 70%
• Scores on all 4 NBME standardized exams, including
  the Internal Medicine Clinical Subject Exam, were 1st
  percentile (the lowest percentile)
• Results of his MMPI-2 as well as conversations with
  PACE faculty and staff suggest he has no insight into his
  cognitive deficits and perhaps is incapable of this

Dr. Theta Summary

• Tragic case. Etiology is unclear because SLE can do
  some of these things, but most likely we are seeing the
  sequellae of his right MCA stroke
• Marked gap between his verbal and performance IQ
  scores is seen in only 0.1% of the population; almost
certainly due to his stroke; this also explains how he
escaped detection for so long- because we judge each
other largely on verbal interactions
Dr. Theta Summary

• The problem is compounded by his lack of insight
• Outcome unknown, but Dr. Theta has disability insurance and a supportive hospital leadership, so the plan is to help him retire gracefully

Dr. Omega

• 67 year-old obstetrician-gynecologist referred by Smallville Community Hospital for concerns about adverse patient care outcomes and deficiencies in technical proficiency
• Among other things, he dropped a baby
• Suffers from rheumatoid arthritis with carpal tunnel syndrome; concerns about his dexterity
• "Zero insight" Sees 20-30 patients per day in clinic and does 30-40 deliveries per month

Dr. Omega

• M.D. from Penn in 1965
• Completed Ob-Gyn residency 1969
• Board-certified ABOG
• Has had an active clinical practice in Smallville since 1989
• PMH: Includes RA on methotrexate and Remicade®, CAD s/p coronary stent on Plavix®, simvastatin, aspirin, lisinopril
Dr. Omega at UCSD PACE

• Pleasant, well-groomed, cooperative
• Mock patient H&P: Poor history, good pelvic exam, but remainder of physical exam was poor
• H&P: Limited supination in both arms: 90° on right and 60° on left
• NBME® exams: All very poor

Dr. Omega at UCSD PACE

• Oral Clinical Exam by OB-Gyn Faculty: “borderline” overall unfamiliar with guidelines on prenatal dating fetal ultrasounds; unconventional management of mild pre-eclampsia at 37 weeks; unorthodox practices regarding vacuum-assisted deliveries

Dr. Omega at UCSD PACE: Neuropsychological Exam

• Average to low-average general cognitive function
• Poor manual dexterity: had difficulty picking up and holding small pegs
• Demonstrated difficulty using a pencil
Dr. Omega at UCSD PACE

• Demonstrated absolutely no insight into any of his deficiencies or health problems
• Saw no problem with continuing his clinical responsibilities
• “Failed” PACE Phase I Assessment

Questions?

UC San Diego Physician Assessment and Clinical Education (PACE) Program
1899 McKee St., Ste. 126, San Diego, CA 92109
619-543-6770
paceprogram.ucsd.edu