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Dear Stuart, February 14, 2005

CPEP Celebrates 15th Anniversary

A 15th Anniversary is more than a milestone of longevity. It is an indicator of experience and long-term commitment to excellence in healthcare. By helping to reduce medical errors, CPEP plays an important role in increasing patient safety. It is a commitment we share with physicians, hospitals, and state medical boards around the country.

CPEP, The Center for Personalized Education for Physicians, was first established in 1990 as Colorado Personalized Education for Physicians. The organization was formed through the collaborative efforts of seven Colorado healthcare organizations: the Colorado Alliance for CME, the Colorado Foundation for Medical Care, the Colorado Hospital Association, the Colorado Medical Society, the Colorado Physician Health Program, the Colorado Society of Osteopathic Medicine, the COPIC Companies and the University of Colorado School of Medicine. While our initial focus started with Colorado physicians and medical community, it quickly expanded to other states.

Since that time, CPEP has become a national organization with participants coming from 45 states. The majority continues to be physicians. We also work with physician assistants and certified nurse midwives. Our list of specialties has grown from the small handful we did in 1990 to over 40 and that number continues to grow.

We continue to benefit from the commitment, skills and valuable insights brought to the program by our founding

Media Coverage

members, supporters, and board members. Our success throughout these fifteen years is directly related to the commitment, expertise, and creativity of those involved with and supporting our organization.

Thank you for your years of support!

The CPEP Staff

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2005 Patient Care Documentation Course Dates

This year's documentation courses are scheduled for:

March 18th, 2005
September 12, 2005
December 2, 2005

This interactive seminar is designed to provide participants with more efficient and effective methods for meeting heightened expectations in all aspects of patient care documentation.

The course includes:

Pre-Course Individualized Feedback
Participants can take advantage of the opportunity to submit charts prior to the seminar and have them reviewed with the Medical Director teaching the course. This initial feedback section prepares the participant to better focus on specific areas within the full eight-hour course.

Program
The on-site portion of the seminar combines presentations, group exercises, demonstrations, practice workshops, and evaluations. The full day course covers aspects of Outpatient and Inpatient Documentation. At the completion of the course, participants should be able to:
Identify basic documentation guidelines
Understand the medical/legal issues surrounding documentation
Improve the coordination of care of multiple providers
Overcome the barriers to good documentation

Individualized Follow Up

This year's courses will also provide an optional individualized follow-up program. The revamped portion will provide more detailed information that documents progress and achievement for participants and their referring agencies. Participants will receive three follow-up evaluations from the Medical Director at two month, four month and six months intervals.

CME credit and course discounts are available. Due to the limited number of spaces, early registration is highly recommended. To register or request information, contact Skip Waugh or Sharon Miller at (303) 750-7150.

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Physician Performance in Rural Settings

In the late 1950s, Life Magazine produced a photo essay featuring a rural doctor practicing in the town of Kremmling, Colorado. Using a "Day in the Life" approach, the writer and photographer set out with a physician at dawn. They carefully documented his activities that day as he made morning coffee, set broken limbs, delivered babies in the middle of a snow storm, counseled the grief stricken and returned home exhausted for a few hours sleep before starting another similar day.

The article, which received a great deal of attention in its day, portrayed the physician as being heroic, dedicated, tireless, compassionate, resourceful and painfully isolated from the mainstream of modern medicine.

Improved communication technology, accessibility to urban locales, regulatory changes, and practice patterns that are more open to outside scrutiny, have eliminated much of the physical and professional isolation existing several decades ago. What remains, however, are some distinctive challenges to proactively support a physician when concerns arise regarding clinical competence.

At the most basic level, on-site formal peer review is problematic in rural healthcare settings because of the limited number or even lack of physician peers practicing at any one site. The small numbers of locally available peers are usually closely affiliated and are often working together. It is a

daunting prospect under these circumstances to approach a close friend or only colleague with concerns about questionable patterns of practice or impairment.

In some instances, physicians in rural areas have become alienated from each other to the point where even constructive criticism may be viewed as a potential for altering the competitive situation and giving one physician the advantage over another. In either case, whether the relationships are close and collaborative or distant and competitive, the possibility of an objective peer review is made significantly more difficult in a setting where personal and professional anonymity are at a premium. In addition, physician recruitment and retention issues in rural areas can bring the problems into a wider community context and create even more pressure from internal constituents.

In virtually all rural environments, some form of outside entity or agency is available to carry out or arrange for evaluation and peer review. These organizations, however, particularly the for-profit ones, can be prohibitively expensive for case-strapped rural hospitals, clinics, and physicians in areas where viability and survival are always a consideration. Moreover, the programs may not offer the consistency as well as the comprehensive remediation necessary.

State medical boards face a dilemma when working with rural physicians. Those addressing disciplinary issues face added pressure to keep these physicians in underserved communities in practice while still ensuring public safety. It can be a delicate balance. Programs like CPEP offer boards better information about a doctor's skills and allow educational remedies to be offered without devastating a small community.

The value of assessment and education programs like CPEP is that they not only provide an objective, structured evaluation of a physician?s skills and knowledge, they also have highly individualized educational intervention and follow-up capabilities in place. Equally important, the education plans are completed while the physician maintains normal clinical practice activities. Every effort is made to utilize CPEP's existing educational network to find learning resources that are geographically as close as possible to the participant.

With rural provider organizations grappling with issues ranging from limited service access to specialty referral strategies and

from the operational definition of "rural" to overall national health policy, the specific concerns of physician performance or competence may seem to be a tangential topic. In fact, they are central to effective health care in the medically underserved portions of the United States.

Physicians and all health care professionals practicing in an environment where high standards of clinical quality are valued and where evaluation and remediation are accessible and affordable are far more likely to remain in that environment. At the same time, other physicians are equally more likely to be drawn to it. Ultimately, the ability to attract and retain highly competent physicians is a major element in the future of rural health care, a future that merits our best thinking and our most innovative approaches.

Jack Berry, MD is a CPEP Board Member and also the past President of the Colorado Medical Society. Before retiring, Dr. Berry practiced in rural communities in Oklahoma and Colorado for close to 20 years.

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Past CPEP Client Specialties

·**Allergy and Immunology**
·**Anesthesiology**
·**Cardiology**
·**Cardiothoracic Surgery**
·**Child Neurology**
·**Child Psychiatry**
·**Clinical Pathology**
·**Dermatology**
·**Emergency Medicine**
·**Family Practice**
·**Gastroenterology**
·**General Practice**
·**General Surgery**
·**Gynecology**
·**Hematology**
·**Internal Medicine**
·**Neonatology**
·**Nephrology**
·**Neurological Surgery**
·**Neurology**

·**Neurotology**
·**OB/GYN**
·**Occupational Medicine**
·**Oncology**
·**Ophthalmology**
·**Orthopedic Surgery**
·**Otorhinolaryngology**
·**Pain Medicine**
·**Plastic Surgery**
·**Pediatric Emergency Medicine**
·**Pediatric Surgery**
·**Pediatric Cardiology**
·**Podiatry**
·**Psychiatry**
·**Radiation Oncology**
·**Radiology**
·**Urology**
·**Vascular Surgery**

We also work with **certified nurse midwives** and **physician assistants**. Participants and referring agencies are encouraged to contact us if a particular specialty is not listed.

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