CPEP 2016 ANNUAL REPORT
ANOTHER YEAR OF GROWTH AND CHANGE
LETTER FROM THE CEO

The Greek philosopher Heraclitus is credited with the adage “the only thing constant is change.” This certainly holds true for the medical profession. The amount of new data that a physician must integrate into his/her knowledge base is rising logarithmically, and the very nature of how physicians practice has been changed dramatically over the past several years with the implementation of electronic medical records and other factors. We are facing a national crisis in opioid addiction, team based care is replacing clinical autonomy, and burnout is reaching epidemic proportions. In the midst of this changing environment, CPEP is changing and growing to provide resources that can help clinicians build needed skills to thrive in the new medical environment.

In 2016, CPEP launched two new seminars for healthcare professionals – Advanced Skills in Clinician-Patient Communication and Basics of Chronic Pain Management. These seminars joined the new programs launched in 2015, Improving Inter-Professional Communication and Prescribing Controlled Drugs (in partnership with the Vanderbilt Center for Professional Health).

Response to these new seminars has been gratifying, with enrollment exceeding expectations and positive feedback from participants and their workplaces. These resources were developed with support from the COPIC Medical Foundation and Pinnacle Assurance to meet the needs of physicians and others who seek to improve their skills in these vital areas. These programs help us fulfill our strategic goal of developing new, innovative courses that build skills in competencies critical to clinical practice.

CPEP’s legacy programs also performed strongly in 2016. Our Medical Record Keeping Seminar and Reentry to Clinical Practice Program had their busiest years ever, while the Assessment Program and PROBE (Problem-based Ethics Program) performed at near-record levels. In 2017, we will hit yet another milestone: working with over 5,000 clinicians from all 50 states, plus Canada.

On other fronts, CPEP unveiled a new, streamlined website designed to make it easier for stakeholders to get the information they need. In addition, we expanded our outreach activities into new areas, thanks to a generous grant from an anonymous donor. We also continued our tradition of speaking at statewide and national meetings of various professional societies across the country.

None of this progress would be possible without the support of all of the individuals and organizations who contribute to CPEP’s Physician Excellence Campaign each year. We are truly grateful for your continuing support.

Best regards,

Elizabeth J. Korinek, M.P.H.
Chief Executive Officer
At its inception, CPEP had a very specific focus – assessing and educating physicians in Colorado. That focus soon broadened and expanded to a wide range of healthcare professionals from across the U.S. and Canada. This expanded reach has led to significant increases in CPEP participation.

**Energetic Growth**
As illustrated in the chart above, overall enrollment in CPEP’s programs has increased 75% over the past five years. This growth has been driven by a number of factors, including
- Expansion of the PROBE Ethics and Boundaries Program into Canada
- Growth of the PROBE Program within the U.S.
- Growth of the Medical Record Keeping Seminar in the U.S.
- Opening of CPEP’s Raleigh, North Carolina office in 2014
- Introduction of new programs on communication and prescribing

“**The faculty were excellent. I didn’t feel judged or embarrassed about why I was here.**”

Participant Feedback on PROBE, CPEP’s Professional Ethics & Boundaries Program

**Changing Enrollment Patterns**
In addition to rapid growth in program enrollment, we have also seen two distinct changes in enrollment patterns:
1. Changes in the types of organizations that refer to CPEP and
2. Changes in the types of healthcare professions with whom we work

Over the past five years, referrals from hospitals, group practices, and other healthcare organizations have increased 289%. It has long been our belief that there is a benefit to earlier referral – intervening with a healthcare professional before his or her issue rises to the attention of a licensing board and before careers are harmed. As a result, we are extremely pleased to see this growth in proactive use of CPEP’s services.
Since 2011, participation in CPEP programs by non-physician healthcare professionals has almost doubled. While physician participation continues to grow, we are excited to see significant growth in the number of other healthcare professions seeking our services. These professionals include dentists, pharmacists, nurses, physical therapists and others.

“This course really exceeded my expectations. It helped me understand my own motivations, strengths and also showed me how to guard and compensate for my own weaknesses.”

Participant Feedback on Improving Inter-Professional Communication Seminar
In many ways, CPEP and competence assessment are synonymous. Back in 1990, we were among the first organizations to address this important need and we were certainly the first independent non-profit in the field. While the basic components of the assessment process have been consistent over time, we are always striving to better meet our participants’ specific needs. In 2016, we expanded our simulation testing options through the development of a series of urgent emergency medicine scenarios. The cases use high fidelity mannequins in a realistic setting at a University of Colorado Anschutz Medical Center simulation center. These cases evaluate the knowledge and skills of physicians in urgent or emergent situations and explore the clinician’s ability to respond to high acuity situations.
New Resources for Assessing Osteopathic Physicians

In 2016, CPEP was pleased to launch a collaboration with the National Board of Osteopathic Medical Examiners (NBOME) to include the Comprehensive Osteopathic Medical Variable Purpose Examination for the United States of America (COMVEX) as a component of the CPEP Competence Assessment or Reentry Evaluation. CPEP has put a priority on incorporating osteopathic principles into its assessment procedures when evaluating doctors of osteopathic medicine since its earliest days.

According to Beth Korinek, M.P.H., CPEP’s CEO, “CPEP is committed to meeting the specific needs of all our participants, and this collaboration with the NBOME serves to strengthen that commitment.”

In 2016, assessment participants gave CPEP staff an average rating of 4.9 out of 5.

THE MARTHA ILLIGE AWARD

On May 6, 2016, CPEP created the Martha Illige Award. This award recognizes individuals who have dedicated their time and expertise to improve the clinical skills of CPEP participants and ultimately improve the care of patients both in Colorado and nationally. The award is named after Martha Illige, M.D., who was also the first recipient of the award.

Dr. Illige was actively involved with CPEP for almost 25 years and served as CPEP’s first medical director. A board-certified family physician, Dr. Illige was an Associate Professor of Clinical Practice in the Department of Family Medicine, University of Colorado Denver for most of her career.

Throughout her distinguished career, Dr. Illige was an innovative educator and passionate leader in the area of physician evaluation and training. She passed away on June 26, 2016, and is greatly missed by her family, friends and colleagues.
Advanced Skills in Clinician-Patient Communication

Clinician-patient communication is key to the perceived value and actual effectiveness of a patient visit. Advanced Skills in Clinician-Patient Communication is designed to help clinicians refine and enhance their patient communication skills. The intensive two-day program, developed through a grant from the COPIC Medical Foundation, provides education and opportunities to practice new skills with simulated patients.

The seminar is based on content from the Institute for Healthcare Communication (IHC). The evidence-based curriculum provides training in both basic and advanced skills, such as structuring the encounter, managing difficult clinician-patient relationships, giving disappointing news, and negotiating treatment decisions.

The small group format and simulated patient sessions facilitate personalized learning and individual coaching opportunities. Each participant develops an action plan with individual goals relevant to his or her practice.

“Helped me realize I need to pursue the patient’s agenda – not my own”

Participant Feedback on Advanced Skills in Clinician–Patient Communication Seminar
Basics of Chronic Pain Management

Nearly 50 million Americans suffer from chronic pain. Many patients seek help not from pain specialists, but from primary care physicians or other healthcare professionals.

At the same time, opioid abuse is at epidemic levels, leading regulators and law enforcement to place increased scrutiny on the prescribing of pain medications. Against this backdrop, it is critical that all prescribers have a solid foundation in the basics of chronic pain management.

“Very practical, lots of references and tools given. Broad scope and very much patient oriented”

Participant Feedback on Basics of Chronic Pain Management

**Basics of Chronic Pain Management** is a one-day seminar that helps clinicians treat this growing population of patients with safety and confidence. This seminar is designed for clinicians who manage or encounter patients with chronic pain. It is not intended for pain management specialists. Topics of discussion include:

- The epidemiology and pathophysiology of chronic pain
- Common conditions and best approaches to management
- Pharmacologic treatment, including analgesics (opioids and non-opioids) and adjunctive medications
- Non-pharmacologic treatment, including complementary and alternative therapies
- Interventional pain management: indications and options
- When to refer to a pain management specialist
## Presentations, Posters, and Articles

### Presentations

- **Recognize, Respond, and Resolve: A Proactive Approach to Addressing Clinical Performance Concerns**  
  National Association of Medical Staff Services – Elizabeth Korinek, M.P.H.

- **Back in the Saddle Again: Credentialing Conundrums Surrounding the Reentry Physician**  
  National Association of Medical Staff Services – Elizabeth Korinek, M.P.H.

- **Prevalence of Burnout in Physicians and Other Professionals Referred for Clinical Competence Assessment**  
  Coalition for Physician Enhancement – Elizabeth Grace, M.D.

- **Walking the Healthcare Tightrope: The Contemporary Practice of Medicine and the Physician-Patient Relationship**  
  Colorado Society of Osteopathic Medicine – Elizabeth Grace, M.D.

- **Prescribing Controlled Drugs: Critical Issues and Common Pitfalls**  
  Colorado Medical Society – Abigail Anderson, M.D.

- **Avoiding Communication Pitfalls**  
  North Carolina Medical Society and Group Practice Managers Association – Bill O’Neill, M.B.A.

- **Professional Ethics in the Healthcare Setting – Recognition – Management – Remediation**  
  North Carolina and Tennessee Associations of Medical Staff Services – Bill O’Neill, M.B.A.

- **Ethics Remediation for Lapses in Professionalism and Boundaries: The PROBE Program Approach**  
  American Association of Dental Boards – Catherine Caldicott, M.D.

- **The Evolution of Professionalism in Health Care: What Does it Mean for the Regulatory Community?**  
  Federation of State Boards of Physical Therapy – Catherine Caldicott, M.D.

### Research Posters

- **Prevalence of Burnout in Physicians and Other Professionals Referred for Clinical Competence Assessment**  
  Federation of State Medical Boards – Elizabeth Grace, M.D., and Alisa Johnson, M.S.H.S.A.

- **Ethics Remediation as a Component of Board Sanctions for Physician Sexual Boundary Violations**  
  Federation of State Medical Boards – Catherine Caldicott, M.D.

### Webinars

- **How to Interpret a CPEP Assessment Report**  
  Alisa Johnson, M.S.H.S.A.

- **A Users’ Guide to PROBE**  
  Catherine Caldicott, M.D.

### Articles

- **Physicians: Improve Communication and Avoid Conflict**  
  *Physicians Practice* – Elizabeth Grace, M.D.

- **Overcoming Barriers to Effective Communication: Opportunities for MSP Leadership**  
  *Synergy* – National Publication of National Association of Medical Staff Services – Bill O’Neill, M.B.A.

- **Communication, Collegiality, and Care**  
  *Synergy* – National Publication of National Association of Medical Staff Services – Bill O’Neill, M.B.A.
## Special Thanks to Our Donors

### Premier Donors – $10,000+

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<th>COPIC Insurance Company</th>
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<td>St. Joseph Hospital – Medical Staff</td>
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### $5,000 – $9,999

- Colorado Medical Society
- Colorado Trust – *on behalf of Dr. Alan Synn*
- Good Samaritan Medical Center – Medical Staff
- Medical Center of Aurora – Administration & Medical Staff
- Medical Mutual Insurance Company
- New West Management Service
- St. Mary’s Hospital & Medical Center – Medical Staff
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- St. Anthony Hospital North – Medical Staff
- Swedish Medical Center – Administration & Medical Staff
- UC Health

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- Colorado Permanente Medical Group
- Kaiser Permanente Foundation
- Presbyterian/St. Luke’s Medical Center – Administration & Medical Staff
- Rose Medical Center – Administration & Medical Staff
- St. Anthony Hospital – Administration & Medical Staff
- University Physicians, Inc. (UPI)

### $1,000 – $2,499

- Arkansas Valley Medical Center – Administration & Medical Staff
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- COPIC Medical Foundation – on behalf of Dr. Richard Parker
- Delta County Memorial Hospital
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- Steven Wright, M.D.
Financial Overview

CPEP had solid fiscal performance in 2016, supported by strong participant enrollment, new course offerings, two grants and generous donations from CPEP supporters in Colorado and North Carolina.

2016 Revenue Sources

- Donations & Grants: 7%
- Assessment Services: 45%
- Education Services: 47%
- Other Income (Non-Program): 1%

Balance Sheet Summary

- Assets: $789,383
- Liabilities: $385,126
- Net Assets: $404,257
## 2016 Board of Directors and Current Staff

### Board of Directors

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<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tr>
<td>Richard M. Roman, M.D., M.B.A. – President</td>
<td>Gastroenterologist</td>
<td>South Denver Gastroenterology</td>
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<tr>
<td>Thomas Henthorn, M.D. – Immediate Past-President</td>
<td>Professor</td>
<td>Department of Anesthesiology</td>
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<td>University of Colorado School of Medicine</td>
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<td>Bruce A. Johnson, J.D. – President Elect</td>
<td>Attorney</td>
<td>Polsinelli PC</td>
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<tr>
<td>Greg d’Argonne – Treasurer</td>
<td>Chief Financial Officer</td>
<td>HealthONE/HCA Continental Division</td>
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<td>Elizabeth J. Korinek, M.P.H. – Secretary</td>
<td>Chief Executive Officer, CPEP</td>
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### Current Staff

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<td>Elizabeth J. Korinek, M.P.H.</td>
<td>Chief Executive Officer</td>
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<td>Elizabeth S. Grace, M.D.</td>
<td>Medical Director</td>
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<td><strong>Assessment Services</strong></td>
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<td>Alisa Johnson, M.S.H.S.A.</td>
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<td>Christopher Leo, Assistant Manager</td>
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<td>Amanda Besmanoff, Recruitment Specialist</td>
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<td><strong>Education Services</strong></td>
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<td>Mary Minobe, Director</td>
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<td>Kendra Dawson, Education Coordinator</td>
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<td>Catherine Lemay, Courses Coordinator</td>
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<td><strong>Practice Monitoring Services</strong></td>
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<td>Judy Scott, Program Coordinator</td>
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<td><strong>PROBE Program</strong></td>
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<td>Catherine V. Caldicott, M.D., F.A.C.P., Director</td>
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<td>Sarah Crook, Administrative Support</td>
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<td>Bill O’Neill, M.B.A., Director</td>
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<td><strong>Assistant Medical Directors</strong></td>
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<td>Holly Elgas, M.D., Assessment Services</td>
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<td>Dan Shamburek, M.D., Education Services</td>
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<td>Abby Anderson, M.D., Education Services</td>
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