



The Center for Personalized Education for Professionals

*Solutions that Work for **All** Healthcare Professionals*

2018 ANNUAL REPORT

Letter from the CEO



A New Name

In 2018, CPEP changed its name for the second time. The first name change occurred back in 2002, when the *Colorado Personalized Education Program for Physicians* became the *Center for Personalized Education for Physicians*. What was originally a Colorado-specific resource was attracting participants from California to Maine, and needed a new name to reflect that growing reach.

By 2018, a new expansion was evident. This expansion was not just geographic, but across healthcare professions and specialties as well. In 2002, almost all of our participants were physicians. Today, we work with more physicians than ever before — up 352% since 2000. However, the *number of non-physician healthcare professionals participating in our programs has climbed 2,500%* and continues to grow. These professionals now make up approximately one third of CPEP's entire practice. That new reality calls for a new name. Today, CPEP is the Center for Personalized Education for Professionals.

Solutions that Work

CPEP continues to grow year after year because our solutions simply work. Often, we hear this directly from participants themselves. Feedback such as "This course allowed me to think about how my actions affect others, not just myself" and "Providers should be mandated to take this seminar before graduation; not wait until mistakes are discovered" are common. Other times, our confidence is data-driven.

At the 2018 annual meeting of the Federation of State Medical Boards, CPEP staff presented a poster with data demonstrating the effectiveness of our *Reentry to Clinical Practice (RCP)*

program. This retrospective study looked at outcomes for clinicians who participated in the RCP program between 2014 and 2017.

The bottom line? Eighty four percent of these RCP participants succeeded in meeting their goals. For participants who had been out of practice for four years or less, the success rate increased to 91%! See [page 5](#) of this report for more details.

This study confirms what we have believed all along — CPEP's *Reentry to Clinical Practice* program works and is of measurable benefit to clinicians and to the communities they serve, particularly at a time when physician shortages grow more acute.

Of course, none of our work could be done without the support of the community. The 2018 CPEP Physician Excellence Campaign was a great success and we are very grateful for your donations. On behalf of CPEP's Board of Directors and staff, please accept our sincere thanks.

Best regards,

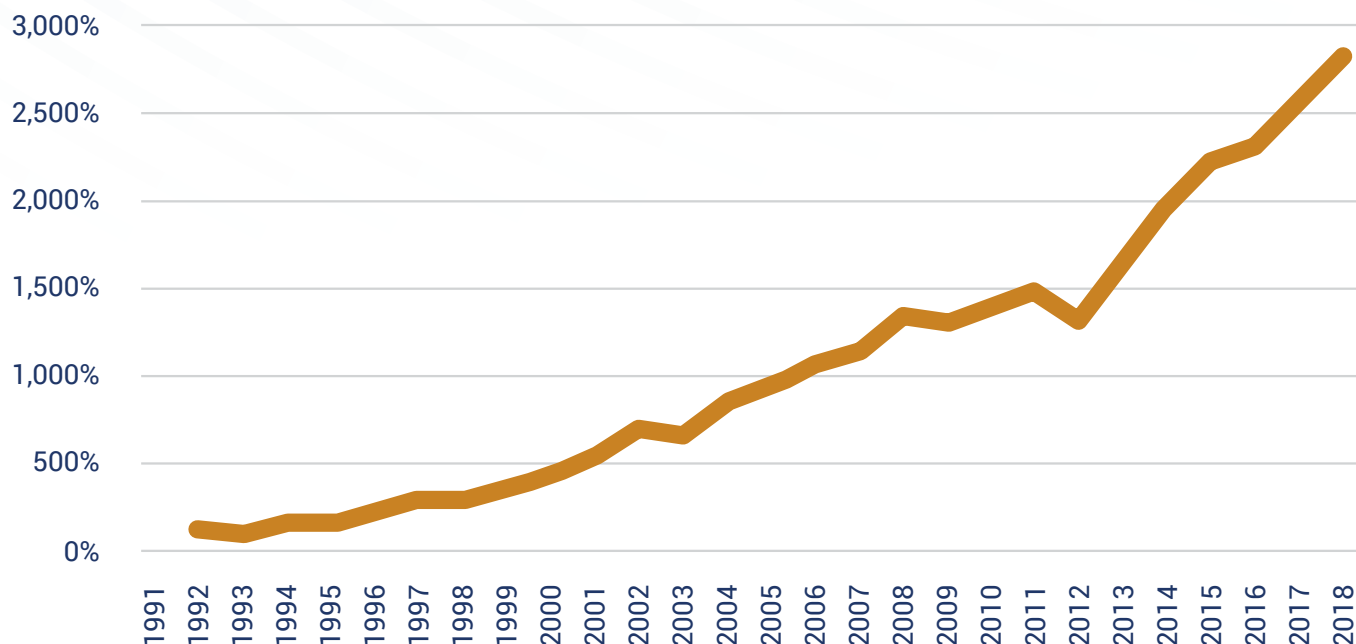
Elizabeth J. Korinek, M.P.H.
Chief Executive Officer

CPEP Growth

Demand for CPEP Services Continues to Grow

The need for CPEP's programs and resources continues to grow, with strong participation in assessment and educational interventions as well as courses and seminars.

Growth in CPEP Usage



352%

INCREASE IN PHYSICIANS
SINCE 2000

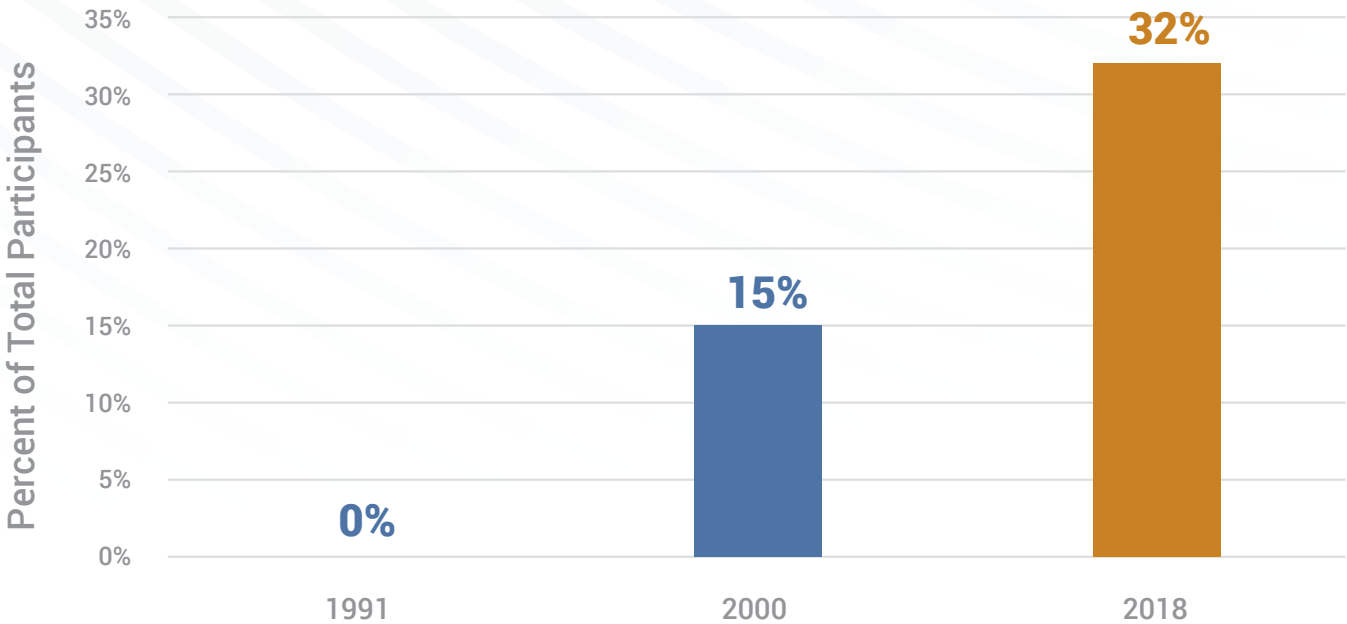
2,500%

INCREASE IN NON-PHYSICIAN
HEALTHCARE PROFESSIONALS
SINCE 2000

Solutions for All Healthcare Professionals

In January of 2018, CPEP officially became **The Center for Personalized Education for Professionals**. What was originally a resource exclusively for physicians has steadily grown into a program benefiting all varieties of healthcare professionals and the new name is a reflection of that new reality.

Non-Physician Participants Over Time



In 2018, CPEP worked with healthcare professionals from 47 U.S. states and territories and six Canadian provinces.

These clinicians came from a wide variety of professions. In addition to physicians, CPEP worked with:

- ▶ Advanced Practice Nurses
- ▶ Chiropractors/Chiropodists
- ▶ Dental Hygienists
- ▶ Dentists/Dental Surgeons
- ▶ Laboratory Technicians
- ▶ Massage Therapists
- ▶ Naturopaths
- ▶ Occupational Therapists
- ▶ Optometrists
- ▶ Pharmacists
- ▶ Physical Therapists/Physiotherapists
- ▶ Physician Assistants
- ▶ Podiatrists
- ▶ Psychologists
- ▶ Registered Nurses
- ▶ Respiratory Therapists
- ▶ Social Workers
- ▶ Veterinarians

As healthcare systems become ever more reliant upon non-physician professionals, these trends are expected to continue. CPEP looks forward to meeting the needs of these individuals now and into the future.

Solutions that Work

CPEP has been working with clinicians embarking on a “reentry” pathway for many years. For physicians, physician assistants or advanced practice nurses considering this journey, the process can seem daunting and many will ask themselves (and us!) “Is this investment in time and money worth it? What are my chances of success?”

With data presented at the 2018 Federation of State Medical Boards’ Annual Meeting, and updated recently, CPEP can now help answer that question. Staff examined the outcomes for physicians and physician assistants who enrolled in the CPEP Reentry to Clinical Practice (RCP) program between 2014 and 2017. Successful outcomes were defined in one of two ways:

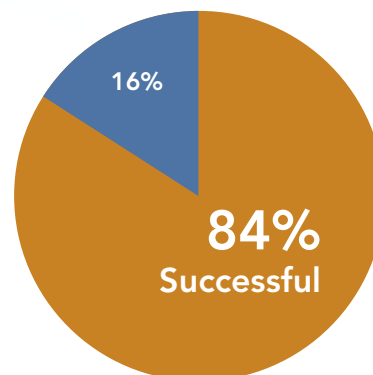


For clinicians who entered RCP *without* a current license, success was defined as regaining one’s license.



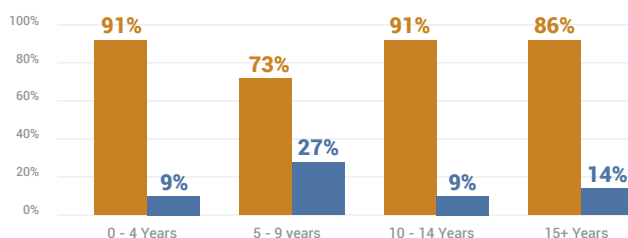
For clinicians who entered RCP *with* a license but who were seeking clinical privileges, success was defined as engagement in active clinical practice after participating in RCP.

CPEP is happy to report that the vast majority (84%) of these clinicians achieved their goals through the RCP program.



The pattern of successful outcomes was shared across age groups and across groups defined by years out of practice. Four participants had been out of practice for more than 20 years, and all four achieved their goals!

Success by Years Out of Practice



CPEP’s RCP program works for the vast majority of participants. [Click here to learn more at cpepdoc.org](http://cpepdoc.org).



Programs

Solutions that Work for All Healthcare Professionals

Clinical Skills Assessments

CPEP Competence or Skills Assessments are often appropriate when licensing boards, medical executive committees, or others have significant questions about a healthcare professional's clinical performance. These multi-factorial evaluations look at everything from knowledge, judgment and clinical reasoning through communication and documentation skills, neurocognitive abilities and even technical proficiency for surgeons and other proceduralists.

In recent years, CPEP has added a number of highly specialized assessment and evaluation processes, including:

- Fitness for Duty Evaluations
- Late Career Clinician Screens
- Privileging Screens
- Credentialing Screens
- Surgical Simulations
- Emergency/Crisis Management Simulations
- Obstetrics/Gynecology Simulations
- Anesthesiology Simulations

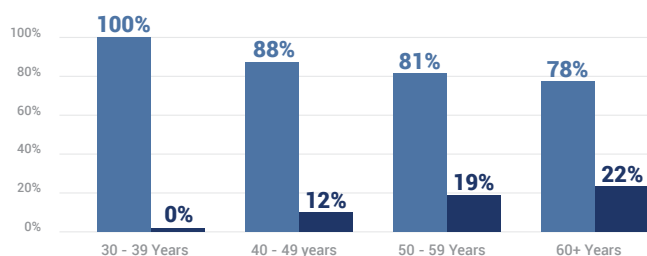


Reentry to Clinical Practice Program

Focused on the needs of those returning from a *voluntary* absence, RCP combines evaluation and education to help clinicians return to active clinical practice with safety and confidence. This program is appropriate for physicians, physician assistants and advance practice nurses who are seeking to return to the specialty in which they were trained or previously practiced and is designed to help professionals either regain their license, meet privileging requirements, or simply prepare to resume active patient care.

Helping clinicians get back into practice — caring for their patients and serving their communities!

Success by Age at Evaluation





Educational Interventions

For participants in CPEP's assessment or reentry programs, the resulting reports may contain a recommendation for a structured educational plan that addresses specific educational needs identified in the evaluation. These plans are generally completed in the participant's home community with the help of a local preceptor.

Educational activities can include study of evidence-based literature and formal CME. Depending upon the depth of the participant's educational needs, an education plan may also include a patient care experience under the direction a physician proctor.

Education in the participant's home community designed to improve clinical performance.

"You all have been very nice to deal with and helped to turn this difficult chapter in my life into a rewarding process."

Educational Intervention Participant



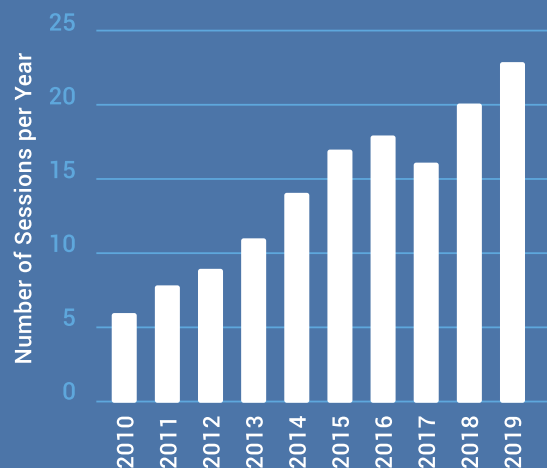
PROBE: Professional Ethics and Boundaries

Drug diversion, credentials deception, privacy and respect violations, sexual boundaries violations and more are covered by this intensive three-day seminar. *PROBE*, the original remedial ethics and boundaries course dedicated exclusively to healthcare, is CPEP's most in-demand educational offering.

In 2018, hundreds of healthcare professionals from 34 provinces and states and 45 specialties and professions completed 20 sessions in five cities.

Demand was so high that two sessions were added mid-year and the total number of sessions increased again in 2019.

Growth in PROBE Sessions per Year



"The faculty were excellent. They... were very educated about the material they presented. I didn't feel judged or embarrassed about why I was here."







PROBE Participant



Medical Record Keeping Seminar and PIP

CPEP's Medical Record Keeping Seminar is dedicated to improving patient safety through effective record keeping. This one-day seminar teaches efficient methods of documenting patient care, including effective use of Electronic Medical Records (EMR). Participants will gain an understanding of the medico-legal implications of documentation and will learn new strategies for overcoming barriers to effective record keeping.

Upon completion of the one-day seminar, participants have the option of enrolling in PIP — the Personalized Implementation Program. PIP is a six-month follow-up program that includes in-depth chart reviews, detailed feedback, and coaching to fully integrate documentation skills into participants' daily practice.

-  Efficient methods of documenting patient care
-  Effective use of Electronic Medical Records (EMR)
-  Understanding of the medico-legal implications of documentation
-  New strategies for overcoming barriers to effective record keeping
-  Concrete action plan for immediate improvement
-  Follow-up six-month Personalized Implementation Program (PIP)

“Because of this course, I will chart my thought process better and more accurately. The information on EMR was very insightful and valuable.”

Participant Feedback on CPEP Medical Record Keeping Seminar



Improving Inter-Professional Communication

Dr. X was a cardiac surgeon who was referred by her medical executive committee after displaying a pattern of harsh interactions with hospital staff.

Over the course of the CPEP's *Improving Inter-Professional Communication (IIPC)* seminar, Dr. X gained insight into her behavior. She was open to ideas presented by fellow participants as well as faculty members and began work on an *Action Plan for Sustained Change*.

Her partners, who had initially dismissed the need for such an intervention, proactively called the medical staff services office to report significant improvements in her communication style, and her spouse reported a positive change in her emotional outlook. Two years later, the hospital leadership reported that she continues to demonstrate the improved communication skills learned in the seminar.

CPEP offers this seminar four times per year. The seminar is designed to give clinicians the skills they need to employ professional and effective communication in the workplace. Participants gain insight into their own style and behavior through interactive small-group discussions and analysis of simulated workplace encounters. Demand for this seminar continues to grow, and in 2018 participants came from 18 states and provinces from California to Maine.

"I've learned I need to change my style to garner more trust and cultivate an environment that is best for the patient and the team."

IIPC Participant








Advanced Skills in Clinician–Patient Communication

Effective communication is an essential building block in the establishment of a trust relationship between healthcare professionals and patients. That trust can lead to more accurate diagnoses, improved adherence to treatment recommendations, and enhanced patient satisfaction.

Unfortunately, examples of poor communication are common. According to a commentary in JAMA, “After asking patients to express their concerns, physicians (in two studies) were able to listen to patients’ stories for a median of only 18 to 23 seconds before interrupting in some fashion.”

Advanced Skills in Clinician–Patient Communication is designed to provide healthcare professionals with insight into potential communication deficits and then develop skills and strategies to engage more effectively with their patients. The small-group seminar focuses on skill-based learning. Teaching methods include:

-  Simulated patient encounters based on the needs of each participant
-  Coaching with skilled actors and facilitators
-  Small group practice
-  Didactic presentations
-  Safe, challenging learning environment

“Although I was really not looking forward to this experience, I’ve enjoyed the sharing with the group — this is now a challenge for me to renew my practice.”

CPEP Participant



Prescribing Controlled Drugs: Critical Issues and Common Pitfalls

In 2018, CPEP continued to offer the *Prescribing Controlled Drugs* course through our partnership with the Vanderbilt Center for Professional Health. The content and curriculum are identical to what is offered by Vanderbilt in Nashville — but the Denver location makes it more accessible to prescribers in the western part of the U.S.

This course is open to all prescribers of controlled substances, particularly those who have been cited for inappropriate prescribing or those who wish to improve their skills in this critical area.

In addition to learning how to identify and manage drug-seeking patients, participants gain an understanding of their own temperament and behavior — gaining insight into what aspects of their personality may make them particularly vulnerable to poor prescribing habits.

"I feel like I am making treatment decisions out of integrity rather than fear."

Prescribing Controlled Drugs Participant



Basics of Chronic Pain Management

This one-day seminar is intended to give front-line healthcare professionals a grounding in common conditions that lead to chronic pain, plus useful management techniques. These include pharmacologic treatment, including analgesics (opioids and non-opioids) and adjunctive medications, as well as non-pharmacologic and interventional approaches are covered in this session.

This program is intended for clinicians who are not pain management specialists but whose practice still involves treating patients with chronic pain conditions.

"Great clinical pearls... Good emphasis on multi-modal approach yet very good medication use discussion."

Participant feedback on Basics of Chronic Pain Management seminar

"Really enjoyed the personalities of the presenters and the thoroughness of the presentations — excellent."

CPEP Participant

Presentations and Articles

Articles

Clinical Skills Assessment and Remediation

Synergy — Elizabeth Korinek, M.P.H., William O'Neill, M.B.A.

Safer Prescribing: Practical Steps to Help Keep You and Your Patients out of Danger

Colorado Family Physician — Elizabeth Grace, M.D.

Research Poster Presentations

Outcomes from a Reentry Program

Federation of State Medical Boards Annual Meeting — Elizabeth Korinek, M.P.H., Alisa Johnson, M.S.

Webinars

Resolving Credentialing Concerns for Reentry Practitioners

HCPPro — Elizabeth Korinek, M.P.H., Sally Pelletier, C.P.M.S.M., C.P.C.S.

Presentations

Evolution of Assessment Programs: Meeting Emerging Trends in Licensure and Credentialing

National Credentialing Forum — Elizabeth Korinek, M.P.H., Dave Bazzo, M.D.

Recognize, Respond, and Resolve: A Proactive Approach to Addressing Clinical Performance Concerns

Back in the Saddle Again: Credentialing Conundrums Surrounding the Reentry Physician

Washington Association of Medical Staff Services Annual Meeting — Elizabeth Korinek, M.P.H.

Clinicians Seeking to Resume Privileges or Reenter Practice after an Absence: Resolving Credentialing Concerns

National Association of Medical Staff Services Annual Meeting — Elizabeth Korinek, M.P.H.

Dealing with Disruptive Communication: Why it Matters and How to Effect Change

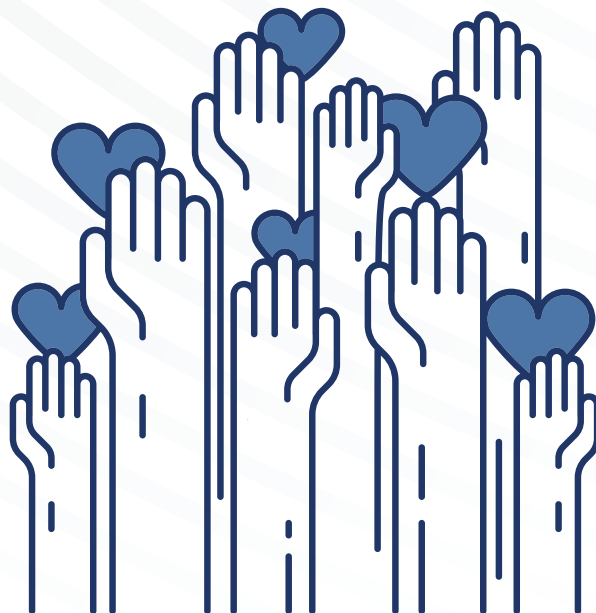
National Association of Medical Staff Services Annual Meeting — Elizabeth Korinek, M.P.H., Matthew Steinkamp, M.S.W., L.C.S.W., C.C.P.

Exploring Definitions, Associated Milestones, and Currently Available Testing Methods for Three Difficult to Assess ACGME/CanMEDS Core Competencies

Coalition for Physician Enhancement Fall Meeting — Dave Bazzo, M.D., Elizabeth Grace, M.D., Rob Steele, M.D.

Assessment of Open Surgical Skills: A Novel Approach

Coalition for Physician Enhancement Fall Meeting — Elizabeth Grace, M.D.



Thank You to Our Donors

Premier Donors – \$10,000+

- **Centura System & Hospitals**
- **Colorado Trust** — *on behalf of Dr. Alan Synn*
- **COPIC Insurance Company**
- **HealthONE**
- **Medical Center of Aurora** — *Administration & Medical Staff*
- **Sky Ridge Medical Center** — *Administration & Medical Staff*
- **St. Joseph's Medical Center** — *Medical Staff*
- **UC Health** — *Administration & Medical Staff*

\$5,000 – \$9,999

- **Children's Hospital** — *Medical Staff*
- **Colorado Medical Society**
- **Good Samaritan Medical Center** — *Administration & Medical Staff*
- **Medical Mutual Insurance Company**
- **SCL Health**
- **St. Mary's Hospital & Medical Center** — *Administration & Medical Staff*
- **Swedish Medical Center** — *Administration & Medical Staff*

\$2,500 – \$4,999

- **Banner Health Western Region** — *Medical Staff*
- **CU Medicine (Formerly UPI)**
- **North Suburban Medical Center** — *Medical Staff*
- **Parker Adventist Hospital** — *Administration & Medical Staff*
- **Presbyterian/St. Luke's Medical Center**
— *Administration & Medical Staff*
- **Rose Medical Center** — *Administration & Medical Staff*
- **San Luis Regional Medical Center** —
Administration & Medical Staff
- **Wake Forest Health** — *Medical Staff*

\$1,000 – \$2,499

- **Arkansas Valley Medical Center** —
Administration & Medical Staff
- **Boulder Community Hospital** — *Medical Staff*
- **Denver Health** — *Medical Staff*
- **Lutheran Medical Center** — *Administration & Medical Staff*
- **Montrose Memorial Hospital** — *Administration & Medical Staff*
- **St. Mary-Corwin Medical Center** — *Administration*
- **Valley View Hospital** — *Medical Staff*

<\$1,000

- **Conejos County Hospital** — *Administration & Medical Staff*
- **Delta County Memorial Hospital** —
Administration & Medical Staff
- **Estes Park Medical Center** — *Medical Staff*
- **Sterling Regional Medical Center** — *Medical Staff*
- **Craig Hospital** — *Administration & Medical Staff*
- **Platte Valley Med Center** — *Medical Staff*
- **Rocky Mountain Health Plans**
- **Yuma District Hospital & Clinics**

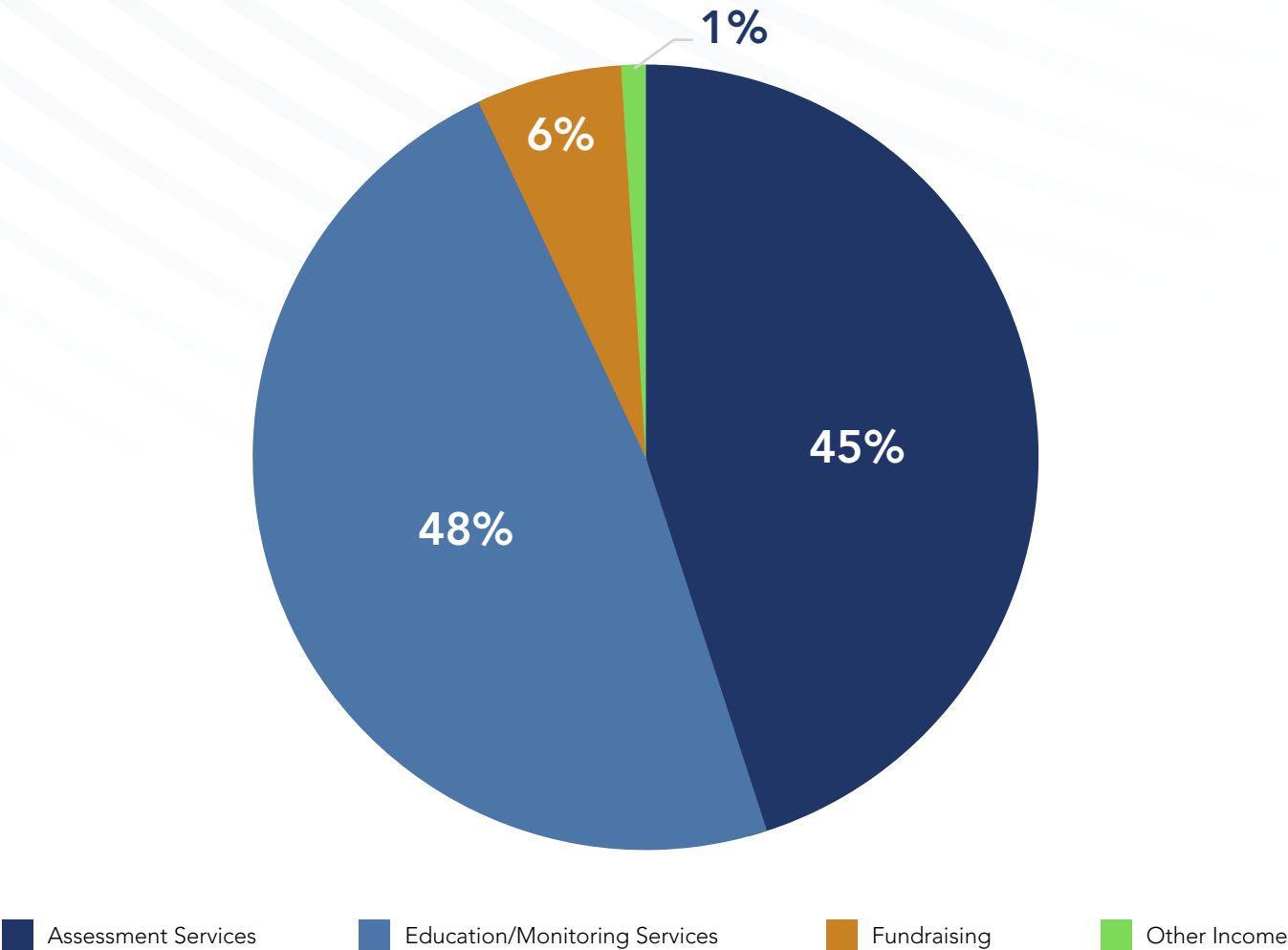
Individual

- **Mary Colleen Casper, R.N., M.S., D.N.P.**
- **Colleen Conry, M.D. & Edmund Casper, M.D.**
- **Shawn Dufford, M.D., M.B.A.**
- **Greg D'Argonne**
- **Sean Gelsey, M.B.A.**
- **Elizabeth Grace, M.D.**
- **Thomas Henthorn, M.D.**
- **Bruce Johnson, J.D. & Mardi Moore**
- **Jan Kief, M.D.**
- **Elizabeth Korinek, M.P.H.**
- **Kirk Quackenbush, M.D.**
- **Katherine Richardson, M.D.**
- **Richard Roman, M.D., M.B.A.**

Financial Overview

CPEP remained on sound financial footing in 2018 due to record levels of demand for our services and to the generosity of our supporters both in Colorado and North Carolina.

2018 Revenue Sources



Balance Sheet Summary

Assets	\$1,253,343
Liabilities	\$632,043
Equity	\$621,300

2018 Board of Directors and Current Staff

Officers

Bruce A. Johnson, J.D.

Attorney
Polsinelli
President

Richard M. Roman, M.D., M.B.A.

Gastroenterologist
South Denver Gastroenterology
Immediate Past-President

Elizabeth J. Korinek, M.P.H.

Chief Executive Officer / Secretary

Katie Richardson, M.D.

Pediatrician and Healthcare
Innovation Leader
CPMG
President-Elect

Greg d'Argonne

Chief Financial Officer
HealthONE/HCA Continental Division
Treasurer

Board Members

Colleen M. Conry, M.D.

Professor and Vice Chair
of Clinical Affairs
Department of Family Medicine
University of Colorado
School of Medicine

Shauna Gulley, M.D.

Chief Medical Officer
Mountains and North Denver
Operating Group and
St. Anthony Hospital, Centura Health

Jan Kief, M.D.

Faculty
College of Osteopathic Medicine
Rocky Vista University

Shawn Dufford, M.B., M.B.A.

Senior Vice President and CMO
SCL Health

Katherine S. Richardson, M.D.

Pediatrician, Highlands Ranch
Healthcare Innovations Leader
Colorado Permanente Medical Group

Diana Breyer, M.D.

Chief Quality Officer Northern Region
UC Health

Sean Gelsey, M.B.A.

Vice President of Claims
COPIC Insurance Company

Emeritus Members

Thomas Henthorn, M.D.

Professor, Department of Anesthesiology
University of Colorado School of Medicine

Current Staff

Executive Leadership

Elizabeth J. Korinek, M.P.H.
Chief Executive Officer

Elizabeth S. Grace, M.D.
Medical Director

Program Services

Alisa Johnson, M.S.H.S.A.
Director of Program Services

Assessment Services

Christopher Leo
Manager

Amanda Besmanoff
Recruitment/Outreach Specialist

Barclay Taylor
Administrative Assistant

Education Services

Mary Minobe
Education Manager

Kendra Dawson
Education Coordinator

Bonnie-Lynn Cahoon
Courses Manager

MaryEllen Nobles
Administrative Assistant

Operations

Frank Xavier
Manager

Toni Leonard
Coordinator

Kelley Blaine
Administrative Assistant

Outreach and Communications / CPEP — East Operations

Bill O'Neill, M.B.A.
Director

Lorraine Snyder
Administrative Assistant

CPEP – Denver

720 South Colorado Boulevard
Suite 1100-N
Denver, CO 80246
Phone: 303-577-3232

CPEP East – Raleigh

222 North Person Street
Raleigh, NC 27601
Phone: 919-238-6436



www.cpepdoc.org



info@cpepdoc.org



[/company/cpep](https://www.linkedin.com/company/cpep)



[@CPEP_doc](https://twitter.com/CPEP_doc)

