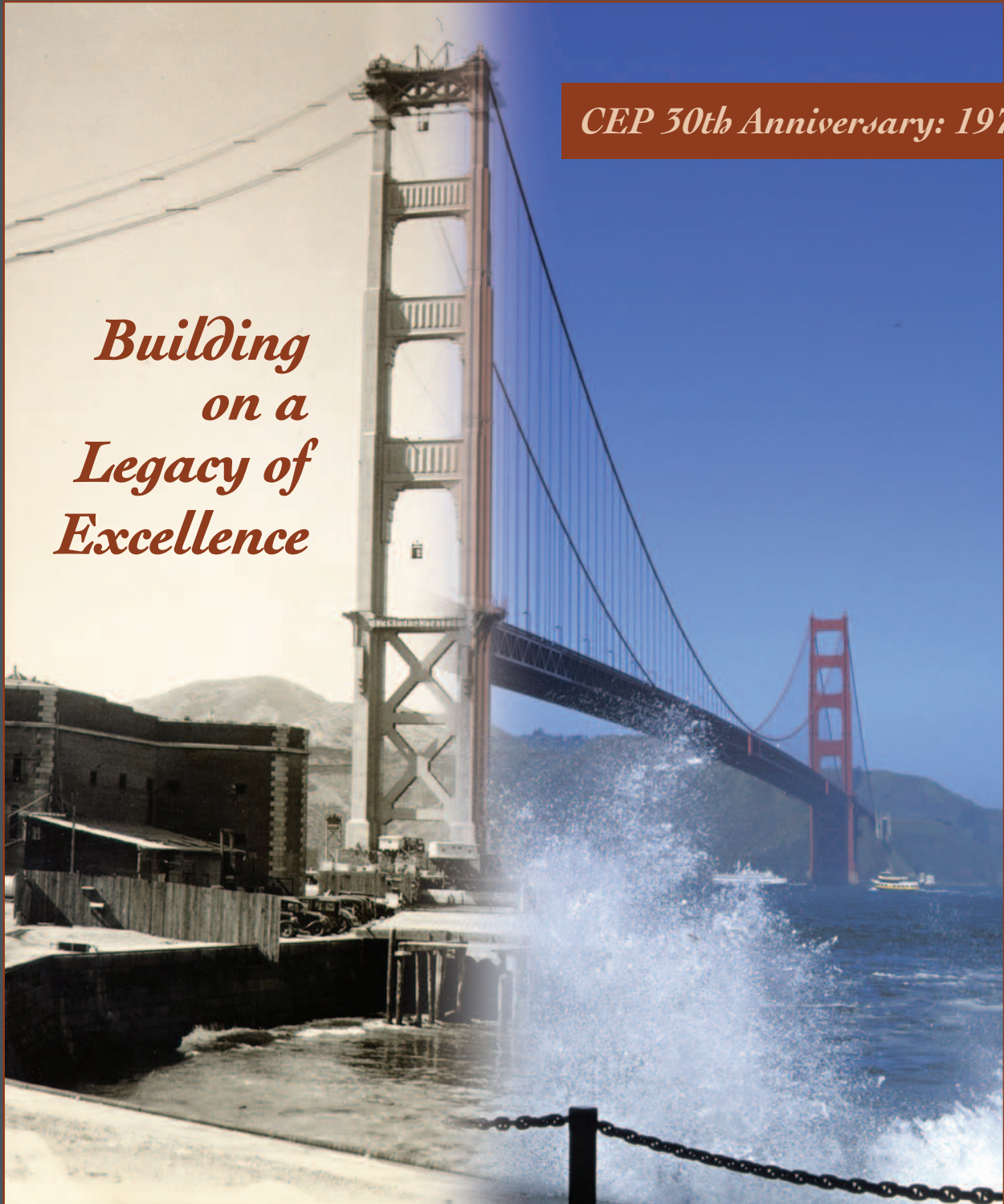


2005 Annual Report to Hospital Administrators
California Emergency Physicians

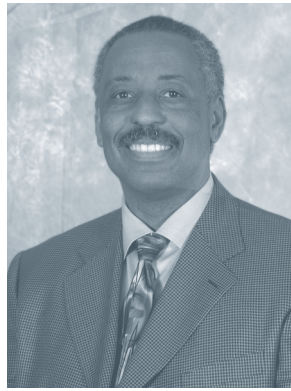
CEP 30th Anniversary: 1975-2005

*Building
on a
Legacy of
Excellence*





Joel Stettner, MD, FACEP
Chairman of the Board
California Emergency Physicians



Wesley A. Curry, MD, FACEP
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Prentice Tom, MD, FACEP
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Table of Contents

- 1 A Message to Our Chief Hospital Administrators *Dr. Wesley A. Curry*
- 2 CEP – Facing Challenges and Leading Change with our Hospital Partners *Dr. Prentice Tom*
- 4 Madera Community Hospital ED Ranked Top in Operational Excellence
- 5 Regional Medical Center of San Jose Recognized as ED of the Year
- 6 CEP Operations Management *Dr. Mark Spiro*
- 8 CEP Providers Making a Difference
- 10 CEP: Taking Aim at Future Challenges *Dr. Joel Stettner*
- 11 New Sites and Stats
- 12 CEP Sites Map

A Message to Our Chief Hospital Administrators

It is our pleasure to provide CEP's third annual report to Chief Executive Officers and Administrators of our client hospitals. Our goal in this report is to give you a brief overview of the many initiatives and successes we have enjoyed this past year in partnership with our client hospitals. 2006 marks CEP's 31st anniversary as the largest provider of emergency physician staffing, management, and consulting services in California. The exceptional work we have done in collaboration with our hospital clients this past year has garnered national attention and has generated a number of special awards and recognition for CEP and its providers.

I am also pleased to report an exceptionally important new direction that has been taken by CEP since our last report. CEP is now providing emergency physician services in multiple states! Driven by referrals and interest in working again with CEP, former physician partners, nurses, and hospital administrators who have moved to other states for new work opportunities, have helped identify potential new clients wanting to change emergency physician groups, to achieve a higher level of performance in the ED. In part based on the strong satisfaction with CEP by our hospital clients who served as references, we are pleased to report CEP has won five new hospital clients in Georgia, Oregon, and Arizona, in addition to one new California client in the past twelve months. Our experience with starting multiple new client relationships each year has only made CEP more effective at maintaining a high level of performance for our existing hospital clients.

In 2006 CEP will provide emergency and ambulatory care services to almost two and one half million patients at 56 hospitals with over 1,100 physicians and other health care providers. CEP has continually evolved to meet the

challenges facing emergency medicine and has been the originator of many innovative management practices, which enhance the operational performance of our client hospitals in California. Now we have the opportunity to continue to refine our best practices in management and clinical care in other states too.

CEP plans to continue raising the bar, challenging our Partnership to reach even greater heights in clinical quality, operational performance, and client satisfaction. We plan to accomplish these goals through a variety of initiatives, some of which are outlined in this annual report. Today remains a challenging time for emergency medicine in every state.

The national report card on emergency services recently issued by the American College of Emergency Physicians (ACEP) provides compelling details of the issues we face as hospital and physician partners in the delivery of quality emergency services accessible to anyone at anytime. Because of our demonstrated ability to manage physician practices and work collaboratively with our hospital clients, we anticipate our partnership with your hospital in providing emergency services will become even stronger and more successful. We also anticipate new client relationships this year as hospitals seek an emergency physician group partner to meet the expectations of their communities, medical staff, and administrators who demand effective physician leadership, high patient satisfaction, and excellent clinical care.

CEP reaffirms its commitment to remain the gold standard of emergency physician groups in the nation, and we look forward to another successful year for our physician partners and hospital clients.



CEP – Facing Challenges and Leading Change with our Hospital Partners

CEP is dedicated to working with our hospital partners to develop sustainable solutions to the complex issues that face the health care industry. We continue to lead in the development of creative programs that benefit both our hospital clients and our patients. CEP's strong local site leadership, combined with centrally developed program support and resources, has helped us become the largest, most successful emergency physician partnership in the nation.

Nursing Shortage and Nurse Staffing Ratios

CEP understands the importance of non-monetary factors in nursing retention and job satisfaction, and we have worked with our hospitals to ensure a collaborative work environment that addresses not only the impact of a chronic nursing shortage but also the 2005 California staffing ratio requirements.

CEP's innovative *Physician-Nurse Relationship Program* includes team building, communication, joint practice education, and monitoring components. Our success in implementing this program is evidenced by the fact that our hospital nurse managers rate us at 4.8 out of 5.0 with respect to both "Overall Atmosphere of MD-RN Relationships" and "Sense of Team."

To help our hospitals address the need for strong and knowledgeable ED nurse managers, CEP developed the *RN Leadership Academy*. This highly rated program prepares nurses for leadership positions at their hospitals. Content includes change management leadership, staffing issue resolution, job stress management, and charge nurse professional development. In addition, CEP sponsors joint meetings with our physicians and nurse managers, encourages best practices sharing among our hospitals (including site visits), and

provides specific nurse management expertise through our experienced RN Practice Management Consultants.

By improving ED operations and patient flow with our highly successful *Rapid Medical Evaluation Program® (RME)*, CEP has not only increased patient satisfaction, but also has improved nursing job satisfaction. We have noted the ripple effect of this program on improved patient-nurse relationships and we have seen a paradigm shift on the part of nurses from a task oriented outlook to one driven by service excellence and increased job satisfaction. In addition, by eliminating the need for a significant number of patients to use an ED bed, CEP has helped substantially alleviate the adverse impact of the California nurse staffing ratio regulations.

Commitment to Quality

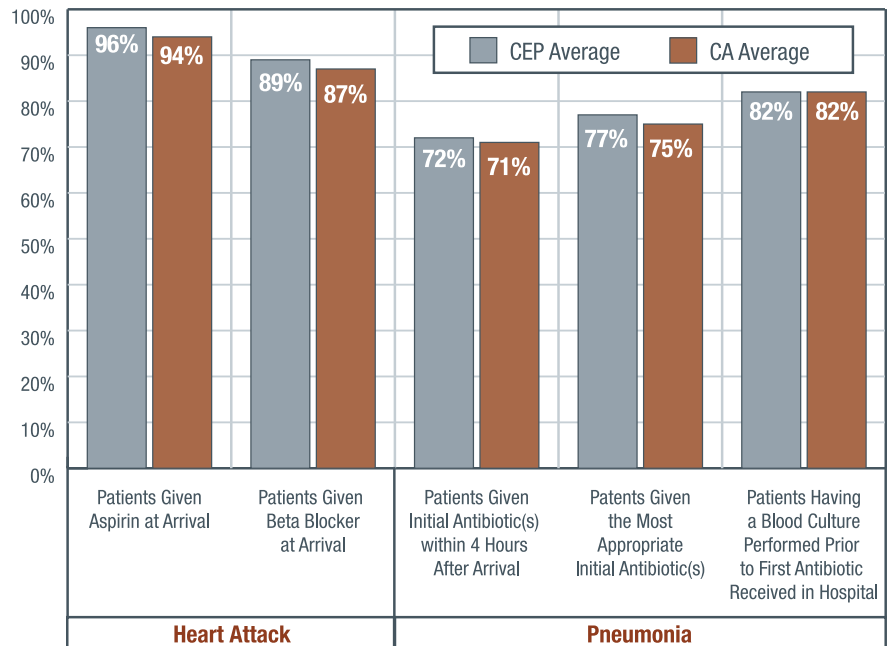
CEP is widely regarded as the quality emergency physician group. Unlike

many large contract management companies, our Partnership structure is highly attractive to physicians, allowing CEP to recruit and retain only the top emergency medicine physicians. We also have the ability and resources to provide our Partners with the information and tools needed to practice in an efficient, collaborative and knowledgeable fashion. CEP offers ongoing physician education through programs such as comprehensive regional and web-based CME programs, EMTALA site training, and JCAHO preparation expertise (one of the only emergency physician JCAHO surveyors in the nation is a CEP Partner).

CMS Indicators

Our attention to the CMS indicators is just one example of our commitment to quality outcomes. We provide all of our sites with regular reports on their CMS indicator performance. All of our Regional Directors, Medical Directors, Physicians and Mid-Level Providers are

CMS Quality Indicators



expected to adhere to these indicators; CEP provides regular reinforcement of the impact and importance of these indicators on our practices. As a result, across the board, CEP outperforms both California and the nation on those CMS indicators typically associated with emergency department practice.

Risk Management Program

Because of CEP's size, we have been able to establish our own captive insurance company. Our malpractice premiums are wholly based upon our own performance. Thus, risk reduction is important to our individual Partners and to CEP as a whole.

CEP monitors not only individual but site and overall risk performance. We have developed monitoring processes and intervention programs to ensure the highest level of quality and safety for each practitioner, and have implemented a formal site assessment program to decrease overall hospital emergency department and physician risk.

In addition, CEP understands the importance of service excellence and service recovery. Patient callback and electronic discharge instructions - CEP initiatives and available at every CEP site - are just two examples of our attention to this issue.

CEP now boasts one of the best overall risk performance profiles in the nation, and this exceptional performance reflects our commitment to service, quality and operational excellence. It also translates into improved hospital risk performance and decreased demands on hospital resources.

Hospital Process Improvement Leadership

CEP is committed to leading process improvement not only in the emergency

department but throughout the hospital. We have found that by developing multi-disciplinary process committees (often called EPIC, for Emergency Department Process Improvement Committee) and empowering all members of the ED team including ancillary services personnel, we have been able to improve department efficiency and service.

One result of this commitment to excellence is our high level of patient satisfaction throughout CEP sites. CEP uses a detailed and proprietary patient satisfaction survey across CEP sites. Survey results are used to enhance and support the data obtained from hospital surveys. Our survey, which includes both admitted and discharged ED patients, is physician specific and allows for patient comments to be used as a tool for driving process improvement. CEP has sent out over 1,000,000 surveys at our expense, and we have a highly statistically valid sample with over 160,000 returned surveys.

We have found that our success in partnering with our hospitals to lead process improvement is often infectious.

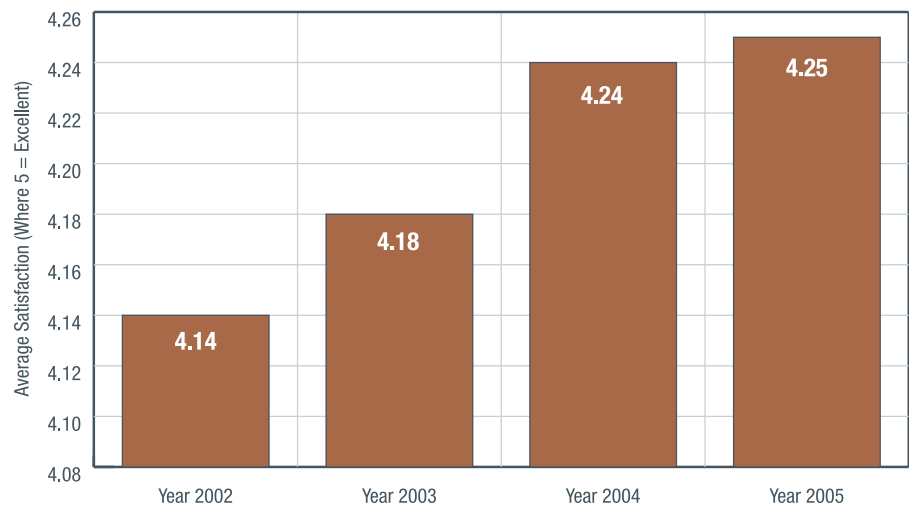
We understand not only that in-patient care often begins in the ED, but also that lack of in-patient bed availability is a key determinant of emergency department overcrowding. Thus, we view supporting the hospital to improve in-patient flow and efficiency as integral to our mission.

One of our goals for 2006 is to work with our hospitals and medical staffs to address the issue of in-patient bed availability. As an example, at John Muir Medical Center, the hospitalists have participated in the ED Performance Improvement Committee, allowing us to address issues impacting the movement of admitted patients from the ED. This has resulted in an action plan to improve the ED to hospitalist admitting process.

Creativity, initiative, and leadership will be required to meet the challenges that are coming. I am confident that we will continue the close collaboration with our clients that has been critical to our mutual success.



Average Patient Satisfaction Across CEP Sites



Madera Community Hospital ED Ranked Top in Operational Excellence

Madera Community Hospital Emergency Department (MCH) was singled out to receive CEP's 2005 Operational Excellence Award because of its remarkably reduced wait times, increased patient satisfaction and strong staff relations. Much of MCH's success can be attributed to the implementation of a *Rapid Medical Evaluation Program*® (RME), a proven methodology aimed at reducing patient wait time.

Under the RME program, the MCH ED decreased its Time to Provider (TTP) from 34 minutes to 8 minutes. The estimated TTP was over 60 minutes when CEP was awarded the ED contract in 2003. Moreover, the percentage of patients who left without being seen (LWBS) decreased from 3.5% to less than 1%. MCH also launched a Service Excellence Initiative and experienced a substantial increase in patient

satisfaction. Even as patient volume rose, patient complaints decreased dramatically.

This ED has also demonstrated strong physician and nurse relations, earning high scores in such categories as "Overall Atmosphere" and "Sense of Team." One way the MCH ED specifically encourages these relations is by investing in its nurses' continued education. Through monthly "Lunch-and-Learn" meetings, interested nurses can expand their knowledge on a variety of clinical and pharmaceutical issues.

Finally, a hospital administrator survey rated the Madera Community Hospital ED very high in terms of "Overall Performance," based on such indicators as clinical quality, patient satisfaction, leadership and staff.

Says David Smith, MD, ED Medical Director, "The Service Excellence

model, so well-adopted by the leadership and nursing staff at MCH, stresses the patient's experience as a key standard by which we judge our performance." He explains that the healthcare community has been slow to adopt some of the best practices of companies who lead in providing real service excellence, but this trend is changing. "At Madera Community Hospital, we strive to combine the latest in diagnostic and therapeutic treatment with shorter wait times," he continues. "The world-class results achieved by the department are gathering nationwide attention, and the RME program is gaining recognition as a new model for emergency care. We provide an alternative to the lengthy waits and long drives associated with other area facilities. The people of Madera can be proud of this staff and its achievements."



Regional Medical Center of San Jose Recognized as ED of the Year

Successful site modifications, strong physician/nurse relationships, impressive reductions in wait time and increased patient satisfaction earned Regional Medical Center of San Jose ED (RMCSJ) CEP's elite site award. Within a period of just five months, RMCSJ obtained designation as a Trauma Center, opened an Urgent Care Center, added nine ED beds, two new nursing stations, and a cath lab.

Following the closure of a nearby facility, the ED absorbed new providers and an additional 20,000 patients/year. Even as volume increased, RMCSJ managed to make remarkable operational improvements. One way the ED accomplished this was by implementing a *Rapid Medical Evaluation Program*® (RME), aimed at reducing patient wait time.

Under RME, staff and leadership collaborated to investigate potential sources of slowing patient flow and to continually address issues that arise in the ED.

Following discussions at RMCSJ and the resulting site modifications, the average wait time dropped from 76 minutes to 36 minutes, the percentage of patients who left without being seen (LWBS) decreased from 7% to 1%, and the number of hours/month ambulances were diverted to other hospitals plummeted from 63 hours to 1.5 hours.

Furthermore, the ED identified patient satisfaction as a major priority, enlisting the expertise of a Service Excellence Consultant, instituting Patient Leader Rounding, and implementing a Patient Account Liaison program. As a result, the ED rose from the 4th to the 1st quartile in the Gallup survey.

Staff satisfaction at RMCSJ also rated very high. Nurses, in particular, appreciate and respect the collaborative type of RN/MD relationship at RMCSJ. In a recent survey

administered to the nursing staff, the ED merited top scores in both "Overall Atmosphere" and "Sense of Team." By introducing Leadership Rounds, an "Employee of the Week" program, RN/MD Liaison Education, and offering positive feedback, the ED has made employee satisfaction a key initiative.

Says Elaine Nelson, MD, Medical Director of the ED, "I've been quite impressed with the way the entire ED team came together when the merger happened. They understood the importance of delivering excellent patient care and worked very hard to do just that. We have lived through many operational changes, all geared toward providing the best care we can to our patients. The entire staff rose to the challenges that our site encountered, which is why we were able to achieve the 'ED of the Year' award."

Says David Hunter, MD, Regional Director for the Central Valley and San Jose, "I've watched the transformation of RMC over the last year. An exceptionally strong Leadership Team met frequently to successfully introduce operational changes and guide the ER staff through the many changes that come with bringing two hospitals together during cold and flu season. A number of best practice processes at RMC are being emulated successfully at other sites, and we know that imitation is the highest form of flattery. I've enjoyed watching RMC emerge as an outstanding facility, one the community identifies as the ER they would bring their family to for treatment."



CEP Operations Management

Achieving Balance Amidst Healthcare Complexity

2005 was a very positive year for CEP. I like to think that one (of many) reason is that CEP has used a tool called the Balanced Scorecard (BSC) as a method of setting and implementing strategic objectives as well as measuring results. Providing quality and timely healthcare is a “balancing act” for all involved. The “balance” in Balanced Scorecard means looking at a number of key areas – operations, our customers (both hospitals and patients) as well as financial indicators. We believe that this balanced approach leads to sustainable long-term success. CEP met a majority of our targets in 2005, some of which included growth, patient satisfaction, CEO satisfaction, Partner wellness, and time to provider.

However, as the environment becomes more complex each year, we want to continue to be at the forefront of emergency

medicine and cannot afford to become complacent. So, 2006 began with a strategic planning process with the CEP Board of Directors identifying broad issues including strengths, weaknesses, opportunities, and threats for 2006 and beyond. The next step included a two-day retreat where CEP Management translated these broad strategies into specific goals and initiatives for 2006.

2006 CEP Initiatives

As a result, three key initiatives (goals) for 2006 were identified and an implementation plan developed. It is always a large step to progress from big ideas and strategies to a plan that can be successfully implemented. We developed measurable goals and incorporated them into CEP’s Balanced Scorecard for 2006. The implementation of these three key initiatives is discussed in greater detail below.

1. Integrate Out-of-State Growth:

CEP has an ED staffing and management model that works. By having Partners that “own the practice,” there is greater buy-in to achieve success. Due to our marketing efforts and performance, this is well known in California and throughout the country. And, while obtaining contracts is somewhat difficult, the real challenge is keeping these contracts engaged and having them flourish. Contracts and providers are obviously more difficult to manage from a long distance (though the distance is shrinking due to enhancements in electronic communications). Operating out of state can make providers feel like they are not a part of the CEP Partnership. We have learned from our past and feel that increasing the “stickiness” is key to long term success. How do we help them feel like Partners? And, how do we manage these out-of-state sites similar to the rest of CEP to maintain economy of scale, access to resources and programs, and create long term success?

We believe that physical presence (not just emails) is imperative to achieve this “stickiness.” This presence, by both senior CEP and MedAmerica leadership, will be measured to ensure success. In addition, we will be evaluating Partner satisfaction at our out-of-state sites. We also feel it is important to invest and bring out-of-state Partners to California to help them learn and embrace our culture. We hope these efforts enhance CEP for these new providers. Coupled with close hospital collaboration, this will ultimately create a stronger site and improve the practice.

2. Develop Senior CEP Leadership:

Strong collaborative leaders are another key to long term success. As we gain more contracts, there is a need for more leaders. Also, we need to develop the



Medical Director Academy Graduates (L to R): Robert Martin, MD, (Rideout Memorial Hospital); Jonathan Houpt, MD, (St. Mary’s Medical Center - SF); Dan Nadler, MD, (Garden Grove Hospital); Louis Tran, MD, (Riverside County Regional Medical Center); Jeffrey Leinin, MD, (Sutter Delta Medical Center); Rachele Soper, MD, (Doctors Medical Center, Modesto); James Kim, MD, (Pomona Valley Hospital Medical Center); Babak Khazaeni, MD, (Desert Regional Medical Center); Edward Lipton, MD, (San Mateo Medical Center); Gail Matthews, MD, (DeKalb Medical Center); Reid Brackin, MD, (El Camino Hospital); Jeffrey Bass, MD, (Natividad Medical Center); Joseph Howton, MD, (Adventist Medical Center); Jeffrey Arnold, MD, (Natividad Medical Center).

next generation of leaders to step up to the plate when our current Medical Directors, Regional Directors, and CEP Officers leave those positions. Strong leadership is a distinguishing characteristic for our group, and we need to identify and nurture the next generation of CEP leaders.

Currently, we have a three-day intensive *Medical Director Academy (MDA)* that occurs once a year. Our plan is to revise the MDA program to allow more in depth and longitudinal leadership development. Additionally, our Regional Directors will ensure that all EDs have at least one Assistant Medical Director learning the role and helping with site administration. Another goal is to increase the Regional Director pool. Therefore, we will be creating a new position, Assistant Regional Directors. This position will help free up the Regional Directors and also allow them to focus on identifying and training future leaders.

3. Integrate Mid-Level Providers (PA/NPs) into CEP:

The use of mid-level providers (MLPs) in CEP and other emergency departments in general has exploded over the past five years. They have gone from being a novelty to now working a significant part of CEP provider hours. And, while they cannot become partners in CEP due to California law, we can do a better job of treating them as such, at the same time being mindful that they are employees and subject to all the applicable labor and employment laws.

We have already accomplished much in this regard through establishing PA site leads; appointing a CEP PA Liaison; and creating a multidisciplinary committee of CEP senior leaders, PA/NPs and staff to better understand and address our PA/NP issues.

So, why make this an initiative? Both the CEP Board and management feel that we can do even more to integrate them into our Group. There are still significant variations in how these employees are treated on a site-by-site basis. Therefore, to promote increased communication at the site level, one initiative is to have PA/NPs attend ED department meetings across CEP. At many sites, they are already participating in these meetings but at some they are not included. They can really benefit from participating in the quality improvement and operational discussions at these meetings. A *Lead MLP Academy* similar to our *Medical Director Academy* will also be developed to teach our PA/NP population important skills so the Lead PA/NPs can become more integrated at their sites. In addition, we plan to appoint Regional PAs to work directly with the Regional Director to cross-pollinate best practices and help create more uniformity at the sites regarding job expectations, communication, operations, etc.

Our Pledge

In retrospect, 2005 was a great year for CEP. There were gains in patient and hospital satisfaction as well as operational processes. All of us - the Partners, MLPs, MedAmerica, MBSI, and MedAmerica Mutual - contributed to this success. CEP is a proven model that works for physicians and hospitals to collaborate and survive in today's complex healthcare environment. It remains our pledge to build on our past success and continue to provide the gold standard of ED management to all of our CEP sites in 2006 and beyond.



CEP Providers Making A Difference in the Global Community

CEP providers have the reputation for being top-notch emergency medical personnel who give their all each and every day in the ED. What may not be so well known are CEP providers' accomplishments after hours or on their days off. If you take a few moments to scratch beneath the surface, you will find providers who have volunteered their services after national and international natural disasters, or who have worked behind the scenes of your favorite medically-themed TV show, or who have received tangible recognition from their peers for their efforts in or outside the ED. Below please find a sampling of three CEP providers who have gone beyond the call of duty to make an impact on the larger global community.

Healing Africa's Children

Cama Garcia, PA-C, interrupted her busy work schedule at San Mateo Medical Center for two weeks in October 2005 to participate in a medical mission to Uganda. The mission was organized by Children of Grace, a non-profit, volunteer organization, in conjunction with AOET (AIDS, Orphans, Education, Trust). AOET is an independent, non-governmental organization, which is based in Uganda to assist chronically poor and neglected orphans and widows who have lost family members due to the AIDS epidemic. According to data recently released by the World Health Organization (WHO) Sub-Saharan Africa remains the epicenter of the AIDS epidemic. Almost 77% of the world's total AIDS-related deaths occurred there in 2005.

During her stay in Uganda, Ms. Garcia spent the majority of her time working in a medical clinic, but she also traveled to neighboring villages and orphanages to tend to the needy who could not make



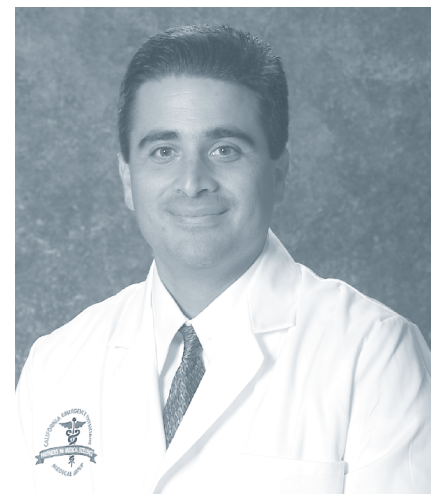
Cama Garcia, PA-C, and children in Uganda

the trip to the clinic. Ms. Garcia screened and treated patients for a variety of afflictions, including malaria, AIDS, syphilis, typhoid and tuberculosis. She regarded her trip as "...an unbelievable experience, one that I will never forget. Everyone was so thankful and grateful for our help. The children are amazing, and so full of hope. Their smiles are unforgettable and will stay with me for a lifetime."

Community Health Activist

Jaime Rivas, MD, Medical Director of the Palomar-Pomerado Health (PPH) Emergency Departments, has played an integral role in the development of a new hospital site in Escondido, California. Dr. Rivas has assisted the PPH system by pushing for a bond to help fund the site's construction and has represented the system's interests within the community concerning a new site. To garner support for the \$496 million bond, Dr. Rivas made a number of appearances in the community, hoping to draw attention to and prompt discussions about ED overcrowding. He met with

the hospital's CEO and the Escondido Police Department to discuss the issue, attended various community events to speak with prominent members of the community, appeared in a television spot about overcrowding, and participated in phone banking efforts. Most recently, he spoke during a February City Council meeting to communicate the hospital's concerns; his testimonial contributed to a 5-0 vote allowing the new hospital



Jaime Rivas, MD

to remain in Escondido. Dr. Rivas was recently appointed to the Foundation Board for PPH. He plans to remain involved in the community and continue fundraising for the new hospital.

Reaching Out to America's Youth

Michael McCullough, MD, practicing at El Camino Hospital and Sequoia Hospital, knows from personal experience that the current US academic environment is simply not designed to assist promising



Michael McCullough, MD

students from poor families. Indeed, fully half of all low-income students with good grades and high standardized test scores do not attend four-year colleges. Dr. McCullough's life experiences formulated a worldview and belief system, which in 1992 prompted him to co-found the non-profit Quest Scholars Program to aid low-income students. In its current form, Quest Scholars consists of two independent programs: QuestLeadership and QuestBridge.

QuestLeadership is a summer leadership program designed to mentor and tutor talented, low-income students. This program has garnered impressive results as its participants have gone on to earn honors at such Ivy League schools as Stanford, Harvard, MIT and Berkeley. QuestBridge, first created by Dr. McCullough in 2003, serves poor students by providing them a means to gain access to top US colleges. Through this program students who, due to financial and administrative barriers, ordinarily would never have even considered attending a highly ranked college, now have the tools they need to gain access to the best academic resources.

The QuestBridge program performed so well, in fact, that by its second year of operation, Dr. McCullough was nominated to be a lifetime Ashoka Fellow. Ashoka is a global, non-profit organization founded on the belief that the best way to alleviate social problems is by supporting "extraordinary individuals with unprecedented ideas for change in their communities." Ashoka elects approximately 150 new Fellows each year, with currently over 1,700 Fellows across the globe. It is Ashoka's belief that providing their fellows with financial and professional support will ultimately create systemic change and make the world a better place.

CEP: Taking Aim at Future Challenges

For some of you, my name and face may be familiar from my previous work as CEP's Managing Partner; for others, I am the "new guy" in the Chairman of the Board's seat. No matter; what is important to me and the CEP Board of Directors is meeting the needs of our clients, customers and patients and actively supporting our growing business relationships.

Over the past few years, the CEP Board has moved to a Policy Governance form of operation, assisting us to more effectively consider the needs of our clients and develop approaches that will meet their short and long term objectives. In fact, we have established a key organizational Aim for CEP: "to be the provider of choice for those hospitals throughout the country that strive to provide high quality care to their patients." This also means that, in all hospitals with which CEP has a relationship, our goal is to substantially improve the delivery of emergency medical care.

We work to ensure that our hospital clients will benefit from this Aim by:

- Improved emergency department clinical performance,
- Solution-driven physicians and mid-level providers who help address and resolve issues,
- An enhanced reputation in the community, and
- An ongoing, healthy, collaborative approach.

This Annual Report reflects much about our approach in addressing many of the issues that have impacted our work with you during 2005. I think I can safely say that 2006 will bring additional challenges and opportunities for all of us, in areas that likely will include the following:

- Changing reimbursements for services, including Federal and State budget cuts, reductions in employee insurance coverage for both workers and retirees, and more HSAs and other consumer-driven initiatives,
- "Pay for Performance" approaches, possibly spreading from Medicare to other public and private payers,
- A more refined health care customer, seeking greater satisfaction and equipped with new Internet-driven technologies to find value and quality,
- An ongoing need for hospitals to maintain low costs while funding for new beds and mandated seismic improvements,
- New Federal and State requirements for ensuring quality, constant preparedness for JCAHO, and ever-evolving CMS indicators,
- Another year without national health care reforms that could address the needs of the growing non- and underinsured patients we see every day.

I know that CEP will remain focused on planning for the future by collaborating closely with our clients, anticipating those health care trends likely to significantly impact us, and adopting strategies that will continue to improve what we do together.

I look forward to reporting on our continuing success next year!



CEP Welcomes New Sites

Adventist Medical Center

Portland, OR 5/1/05

DeKalb Medical Center – Central

Decatur, GA 7/1/05

DeKalb Medical Center – Hillandale

Lithonia, GA 7/18/05

Natividad Medical Center

Salinas, CA 11/1/05

CEP Vital Statistics

Number of Emergency Departments: **54**

Number of ACCs: **19**

Number of Physicians: **827**

Number of Mid-Level Providers: **323**

Annual Number of Patient Visits: **2,200,000**

Annual Number of Pediatric Visits: **525,000**

New Physicians and Physician Extenders Recruited: **258**



Adventist Medical Center



DeKalb Medical Center - Hillandale



DeKalb Medical Center - Central



Natividad Medical Center

CEP Sites Map

California



Oregon

Georgia





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Prepared by MedAmerica Marketing Department
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