BUDGET REQUEST: FY 2017-2018

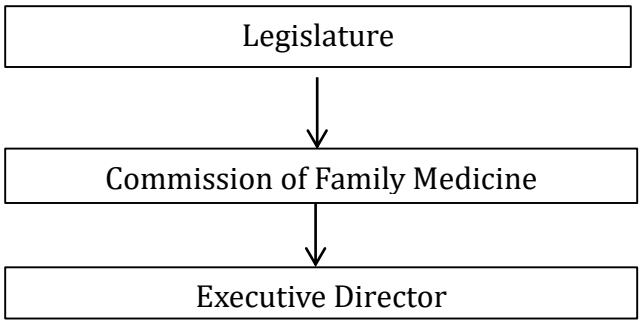
Commission on Family Medicine

TABLE OF CONTENTS

BUDGET REQUEST: FY 2017-2018
Commission on Family Medicine

PROGRAM DESCRIPTION

Organizational Chart



The Long Bill reports 0.0 FTE for the Commission on Family Medicine (COFM). COFM does not have statutory budget authority and, thus, cannot hire staff. The Executive Director of COFM is Kim Marvel, Ph.D. Dr. Marvel and two staff members (the Association Coordinator and Education Coordinator) carry out the administrative and programmatic functions of COFM. They are employed by the Colorado Association of Family Medicine Residencies (CAFMR). CAFMR is a not-for-profit organization that supports and complements the legislative mandate of COFM. The two staff members report directly to the Executive Director, who reports to the chair of COFM and the chair of CAFMR.

COFM Membership

The statute creating the Commission (25-1-901 through 25-1-904) calls for all of Colorado's family medicine residencies to work together with the citizens of the state to address issues both in family medicine training and Colorado's health care. Members of the Commission include the nine program directors, Governor-appointed citizens from each of the seven congressional districts as representatives of health care consumers, the Deans of the University of Colorado School of Medicine and Rocky Vista University of Osteopathic Medicine, and a representative of the Colorado Academy of Family Physicians. Current members of the COFM board are included at the end of this document.

Listed below are the nine residency programs and sponsoring hospitals. The hospital and location is in parenthesis unless the name of the affiliated hospital is apparent in the residency title.

- A. F. Williams Family Medicine Residency (Central Denver/University of Colorado Hospital and Denver Health)
- Fort Collins Family Medicine Residency (Poudre Valley Hospital/UC Health)
- North Colorado Family Medicine Residency (Greeley, with a rural training track in Wray and an underserved urban track in the Sunrise Community Health Center)
- Rose Family Medicine Residency (Central Denver)
- Saint Anthony Family Medicine Residency (Westminster)
- Saint Joseph Family Medicine Residency (Central Denver)
- Saint Mary's Family Medicine Residency (Grand Junction)
- Southern Colorado Family Medicine Residency (Saint Mary Corwin, Pueblo)
- Swedish Family Medicine Residency (Littleton)

Note: Two new family medicine residencies started their first class in July 2016. They will not be member of the Commission until they graduate their first classes in 2019.

Background Information

The Commission on Family Medicine is requesting a continuation of funding received in FY 2016-17. For details, please see the rationale for the request on pages 3-6 below.

Introduction

The Commission on Family Medicine (COFM) was established in 1977, through legislative mandate, to support the education of family physicians for the state. It has developed into a successful model of collaboration. COFM brings together citizen representatives (consumers of health care) from Colorado's seven Congressional Districts with the program directors from nine family medicine residencies. This public-private venture has resulted in a dynamic resource to advocate for primary care and a coordinated effort for training family physicians to meet the primary care needs of Coloradans. The cooperative sharing of resources and expertise among the nine residency programs is quite remarkable because these are independent programs controlled by competing health care systems. With a national reputation, it is a unique example of cooperation and teamwork that ultimately benefits the people of Colorado.

Why State Funding is Vital for the Commission

Without state funding, the Commission would cease to exist, since it has no other source of revenue, and the collaboration of the nine family medicine programs would likely discontinue. State funds form the nucleus that supports the highly effective collaboration among Colorado's nine family medicine residencies. The collaboration yields several benefits to the people of Colorado, including an increased supply of primary care physicians in the state, particularly in rural and underserved areas, improved quality of family medicine education, and improved access to health care for indigent patients.

The family medicine residencies play a prominent role providing the needed supply of primary care physicians in Colorado. State funding results in a steady supply of family physicians to Colorado. The nine residency programs work together to recruit medical students. Historically, 80%-85% of the residents come from outside of Colorado to train in Colorado's nine nationally recognized programs. Historically, over 60% of the graduates stay in Colorado after completing their training. Last year COFM conducted a study to identify the practice location of graduates from 1972 (the first graduating class of the Colorado residencies) to the present. Since 1972, 1,950 family physicians have graduated from Colorado's residency programs. Of those graduates currently practicing, 61% (1,012) are in the state. This is clear evidence that the citizens of Colorado benefit from the presence of strong family medicine residency programs. In addition ensuring high-quality training programs and the collaborative recruitment of medical students, state funding influences the individual residencies and their sponsoring hospitals to focus on the welfare of the entire state rather than solely on their own patient population. This partnership positively impacts health care by recruiting family physicians to rural and underserved communities and by providing health care for uninsured, Medicaid, and Medicare patients.

State funding is an incentive for residency programs to collaborate and, consequently, improve the quality of family medicine education. With oversight from the COFM board and support from the CAFMR staff, the programs work together in several ways, including:

- Recruitment of high quality medical students to train in the state's family medicine residencies
- Recruitment of qualified faculty family physicians to teach in the residency programs

- Excellence in training of family physicians when the programs are able to share expertise and pool training resources, such as the Patient-Centered Medical Home project and leadership training for chief residents
- The requirement that residents complete a rotation in a rural or underserved community
- Development of three new rural training tracks designed to place graduates in rural areas of the state
- Program Directors meet monthly to address common residency training issues
- Quarterly collaborative meetings among program staff from all nine programs who share similar responsibilities, such as program coordinators, program administrators, behaviorist faculty, and curriculum directors
- Bi-annual conferences to develop a patient-centered medical home at each residency clinic

Without state funding, this degree of collaboration would not continue. The Colorado residency programs would regress to the norm of family medicine programs in other states, characterized by competition and duplication of efforts. Each program would conduct recruitment and quality improvement projects independently, resulting in redundancy and increased costs. The rural rotation would no longer be required of all residents, likely decreasing the number of graduates practicing in rural areas.

State funding also is required to continue the development of the three new rural training tracks as well as the addition of five resident positions to existing residency programs. Funding for these two projects started in 2013 (the rural training programs) and 2015 (the additional resident positions). The two projects will add 11 more family medicine graduates likely to practice in rural areas of the state.

Funding

COFM is requesting for 2017-18 that state funding remain unchanged from the 2016-17 budget. All funding for the Commission comes from the state and is captured under the Commission on Family Medicine line item in the state budget.

State funds allocated to COFM are matched by federal Medicaid dollars, effectively doubling the state funding. Thus, in 2016-17, the state funding of $4,056,304 is matched by $4,088,884 in federal Medicaid funds for a total of $8,145,188.

Note that HB 16-1240 moved $547,890 from the COFM line item to the State University Teaching Hospital – University of Colorado Hospital Authority line item. These funds are for the additional residency position (to pay expenses for 3 years of training for one additional resident) at the University of Colorado Family Medicine Residency Program. Therefore, HB 16-1405 (the Long Bill) shows the COFM line item as $7,597,298 ($3,786,304 General Fund and $3,810,994 Federal Fund). The combination of the 2016-17 COFM line item of $7,597,298 and the UC Hospital Authority line item of $547,890 (for the additional resident) is $8,145,188, the same amount that was budgeted to COFM in 2015-16.

Funds allocated to the Commission are used for three distinct purposes to support family medicine training in Colorado. The "base funding" is distributed directly to the nine residency programs for training expenses and care coordination services. The "rural training funds", started in FY 2013-14, are to develop and maintain three rural training tracks. The "residency expansion funds", started in FY 2015-16, are allocated to add five training positions to the existing residency programs. Each of these distinct uses of the budget line item is described in more detail below.

Base Funding to Support Training in Residency Programs. A portion of the state funding, considered "base funding" ($2,371,076), is distributed directly from HCPF to the nine family medicine residency programs. The funds are used for training expenses, such as faculty and resident salaries, educational programming, and required scholarly activities. Prior to 2004-2005, the Long Bill listed Residency Training and Commission Expenses as separate line items. This changed in 2004-2005 when the legislature accepted a decision item by the Commission to delete the Commission Expense line and increase Residency Training by a corresponding amount. This allowed for an increase in the federal match for the Residency Training. The residency directors, who by statute are members of the Commission, formed the Colorado Association of Family Medicine Residencies (CAFMR) in 1988 and incorporated into a 501-c-6 in 1995. CAFMR serves as the employer of the Commission's staff. This is a critical role since the Commission does not have the legislative authority to hire staff as employees. CAFMR has strengthened the collaboration between the nine residencies and, thus, has enhanced the scope and effectiveness of the Commission.

COFM base funding was increased to the current level in FY 2013-14. In 2013, COFM requested an increase of $315,000 (matched by federal Medicaid dollars for a total of $630,000) to improve care coordination in the residency programs and stabilize the recruitment program.

- A portion of the increase in state funding ($585,000) is being used to advance team-based care, specifically care coordination. Residents need to develop the skills necessary to be an effective member of the health care team and to understand how coordinated care benefits patients. Specific uses of increased funds for care coordination include hiring care managers and patient navigators, adding care coordination functions such as transition care management from hospital to clinic and "hot spotting" to proactively identify high utilizers and connect them with needed resources, and using state funds to introduce care coordination into the resident curriculum.
- A portion of the increased base funding ($45,000) is being used to sustain the successful recruitment program. The increase in state funding enabled the Commission to move off of unpredictable grant funds to permanent funding, thereby sustaining this effective program.

Develop and Maintain Rural Training Programs. A portion of the COFM line item ($3,030,767) is used to develop and maintain three rural training tracks. COFM funding to develop and maintain rural training programs was started in FY 2013-14 (SB 13-264) and increased in FY 2014-15 (SB 14-144). The funds were allocated to address the well-documented shortage of primary care physicians in rural areas of the state. Rural training programs, including rural training tracks, are an effective method for increasing the primary care physician workforce in rural Colorado. Family physicians who train in rural locations are more likely to remain there to practice.

In FY 2014-15, funds to develop rural training programs were increased by $2,030,767 ($1M in state funds and slightly more than $1M federal match) for a total of $3,030,767 (including the $1M from 2013-14). Also, with the passage of SB 14-144, the COFM statute was revised to not only *develop* rural training programs, but to *maintain* them. In other words, these funds were allocated to help maintain the new programs after they became established.

Each of the three rural sites is being designed to train two family medicine residents per year for a total of six residents per program (two per class). The three rural programs, once up and running, will graduate six residents each year, two per program. The resident physicians will spend the first year at an existing urban residency program followed by two years at the rural sites.

Development of a rural training program typically requires three years: Year 1 for identifying and evaluating the sites, Year 2 for accreditation, and Year 3 for recruitment.

Rural training track progress to date:

- In 2013-14, the rural communities of Alamosa, Ft. Morgan, and Sterling were selected for the training programs
- All three rural sites have received full accreditation
- An RTT Advisory Committee oversees the project and reports to the COFM board
- Recruitment in the fall of 2015 for medical students to the RTTs was successful with four residents matched; recruitment will continue in the fall of 2016 for the second class of residents for Alamosa and Sterling and the first class of residents for Fort Morgan
- Four resident physicians have started training (two for the Alamosa RTT and two for the Sterling RTT)
- Governance agreements and budgets have been developed for the rural programs

Maintaining the three new rural training programs will require continued state support at the current level. Results of the financial consultant's assessment shows an average cost of approximately $500,000 per program per year to pay all costs for training the six residents in each program, for a total of approximately $1,500,000 per year. Rural hospital administrators will not continue the rural programs without assurance that the annual deficit will be covered for many years in the future. Therefore, continued state funding is essential to maintain the rural training tracks.

To maintain the rural programs into the future, COFM is establishing a reserve account for each new RTT to pay the training costs over the next 10 years. Continued state funding at the same level for at least the next two years will assure the maintenance of all three programs for 10 years. COFM is also actively seeking financial support from other sources to possibly reduce the reliance on state funding. First are regional foundations, including the A. F. Williams Foundation in Fort Morgan. Second, COFM is working with CMS to determine whether the three rural hospitals are eligible for Medicare GME payments. Finally, COFM is advocating for congressional action to revise CMS policies for rural training programs. COFM is partnering with several other Western and Midwestern states for a bill in Congress to provide funding for new rural training tracks. If successful, Medicare GME funds would supplement the state funding for ongoing maintenance of the rural programs.

Add five (5) new positions to existing residency programs. The final portion of the COFM line item ($1,350,000 of state funds matched by federal Medicaid funds for a total of $2,739,448) is being used to expand the number of training positions in existing programs. The funds also are used for loan repayment awards for the new trainees to practice in rural and underserved areas in the state following graduation.

In 2015, the General Assembly funded the COFM recommendation to add new training positions to existing family medicine programs. The recommendation was worded as follows: "We recommend providing state funding to add five new training positions, which would yield an additional 15 residents in training at any one time – five first-year residents, five second-year residents, and five third-year residents. This would mean five additional graduates per year. We propose phasing them in by adding five first-year positions each year over three years. Residents who fill the state-funded positions will be required to commit to practice in rural or underserved locations in the state for three years following graduation. In return, they will receive a loan repayment package. This will require a minimum of three years of state funding in order to graduate at least one cycle of trainees."

Five residencies are in the process of adding a new training position: Fort Collins, St. Anthony's (Westminster), St. Joseph's (Denver), St. Mary's (Grand Junction), and the University program.

Additional Resident Project progress to date:

- The five programs each recruited an additional resident
- The additional residents started training July 1, 2016
- The five programs will recruit the second set of residents in the fall of 2016 to begin July 2017
- Four graduating residents received loan repayment awards in return for a three-year service commitment at HPSA sites in the state

In summary, the COFM line item used for three distinct purposes, all involving the training of family physicians: base funding, rural training programs, and the addition of five training positions to existing residencies. The COFM allocation has been increased the last two years specifically to place more graduates in rural and undeserved areas of the state. Between the rural programs and the expansion of existing residencies, the family medicine residencies will add 11 more graduates to their current rate of 68 per year. These additional graduates will likely practice in areas of greatest need in the state due to their training in rural locations (rural training programs) or loan repayment at HPSA sites (five additional resident positions). The action of the Governor and legislature to address the shortage of primary care physicians in rural areas is an outstanding example of a state training it's physician workforce to meet the needs of the citizens.

Programs

Introduction

COFM's structure does not include "divisions" or "programs" in the formal definition used by OSPB. The four "programs" described below allow for grouping and describing the Commission's projects and activities.

Total appropriations for FY 2016/2017 (State funds plus federal Medicaid match): $8,145,188 (as noted on page 3 above, $547,890 of the COFM funds are moved to the University of Colorado Hospital Authority line item for the additional resident at the University of Colorado FM Residency).

1) Residency Training in Existing Programs:	$2,371,076
2) Develop and Maintain Rural Training Programs:	$3,030,767
3) Addition of Five Training Positions	$2,739,448
3) Operations and Administration:	$0

Residency Training in Existing Programs:

Through the Commission, the state provides funding to train family physicians in Colorado's nine family medicine residencies. This portion of the COFM funding is sent directly to the residency programs to be used for residency training and not for the operating expenses of the teaching hospitals with which the programs are affiliated. State funding provides some flexibility to all of the residencies and is important to the educational component of the programs.

The Commission has established criteria for funding in accordance with the legislative declaration that supports the organization. The Commission has no legal authority over the residencies. It has no power to intervene in the operations of the programs. The prime incentives for the individual residencies to form this unique alliance are the state funding and the recognized efficiencies

resulting from an ongoing collaborative and statewide perspective for training family physicians. The Commission has established six requirements for residencies that receive state funds:

- Accredited by the Council on Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA);
- Operates an integrated three-year program;
- Trains at least four residents in each of the three years of training;
- Has graduated at least one class
- Requires that residents complete a rotation in a rural or underserved community from the list approved by the Commission; and
- Submits a copy of the letter of accreditation from the ACGME or AOA after each review period, including notification of any immediate performance issue and adverse action taken by the accrediting organization.

A portion of the residency training ensures that resident family physicians learn to work in a team-based care clinical environment. Care coordination services are an important component of the patient-centered medical home. The residency programs apply some of the state funds to ensure that residents learn the benefits of care coordination services by working in an integrated, team-based clinical setting.

Development and Maintenance of Rural Training Programs

As described above, in 2013, SB 264 was passed to develop new training programs for family physicians. In 2014, SB 144 recognized the need to maintain the new programs after initial development. Unlike the Residency Training funds that are distributed directly to the residency programs to improve physician training, the rural training funds are used to develop and maintain three new rural training tracks. The Commission has taken several steps to develop the rural training programs:

- Established an Advisory Committee
- Selected three sites for development: Alamosa, Fort Morgan, and Sterling
- Contracted with two national experts to assess the training sites for 1) accreditation potential and 2) financial viability
- Conducted numerous meetings and conference calls with personnel at the three sites, including rural hospital administrators, host residency administrators, and residency directors, to develop governance structures and budgets
- Consulted with national experts to address obstacles to federal funding at the sites
- Worked on accreditation applications
- Prepared and coordinated accreditation site visits
- Prepared marketing and recruiting materials
- The rural training programs are starting to train their first residents.

Addition of Five Training Positions

COFM is actively engaged with this new project. The state funds have been disbursed to the five participating programs. COFM has taken several steps to implement this project:

- Identified five residencies capable of expanding their training programs
- Created a memorandum of understanding between COFM and each of the sponsoring hospitals to ensure the funds are used exclusively for resident training and loan repayment
- Worked closely with the program directors of participating programs
- Worked closely with Primary Care Office staff that administer the Colorado Health Service Corps (loan repayment program)
- Five additional residents have started training as of July 1, 2016

- Four graduating residents received loan repayment awards in return for a three-year service commitment at Colorado HPSA sites

Commission Operations

In 2004-2005, the legislative response to the Commission's decision item resulted in elimination of a state appropriation for Commission expenses. Since that time, the Colorado Association of Family Medicine Residencies (CAFMR) has provided Commission administrative activities.

The Executive Director executes the COFM board directives, maintains a working relationship with the residency directors and other key personnel at the nine residency programs, and is responsible for all administrative functions of the Commission including personnel, accounting, and liaison with the OSPB and JBC offices. CAFMR staff supports board meetings, coordinates the participation of residencies in the required rural/underserved rotations, joint recruitment of residents, joint recruitment of faculty, retention of graduates, the regional job fairs, and similar activities that benefit all the residency programs. The Commission's office is also a central source of residency program data, such as number of residents in training, training costs, and employment choices of graduating residents.

The listing below provides an estimate of staff time devoted to Commission programs and projects. A more detailed description of each activity is provided in the following paragraphs.

- Rural/Underserved Training 20%
- Recruitment of Residents and Faculty 20%
- Placement of Graduates 5%
- Staffing the Commission 10%
- Coordination of Activities with Residencies 13%
- Collaboration with CU School of Medicine and Rocky Vista University of Osteopathic Medicine 5%
- Partnerships with Community Organizations 5%
- Research Activities 2%
- Management and Administration 20%

- Rural/Underserved Training: Family medicine residents complete a month-long rotation at a rural or underserved clinical site. The staff coordinates the statewide schedule, collects resident evaluations of their rural experience, and reports results to the Commission. Staff also serves as a liaison between the communities and the residencies. The current sites are located in Basalt, Buena Vista, Canon City, Gunnison, Julesburg, Yuma, Salud Community Health Centers (Ft. Morgan, Ft. Lupton, Commerce City, Frederick, and Longmont), Valley Wide Community Health Centers (San Luis Valley and La Junta), and Westwood Clinic in Lakewood. The training sites and supervising physicians receive no reimbursement for their service and provide housing for the residents and their families.

  Staff commit substantial time to develop the three new rural training programs. The COFM Executive Director is coordinating this project with guidance provided by an Advisory Committee.

- Recruitment of Residents and Faculty: The Commission has always held recruitment as a high priority, as detailed in the Strategic Plan. This allocation of resources corresponds to the intense competition for medical students opting for family medicine. Last year the Commission participated in over 20 residency fairs and other recruitment events. Over

1,000 students visited with COFM representatives at these events. All of the 68 intern positions were filled in the match program. The Commission maintains a high level of coordination with the residencies that, in turn, are willing to collaborate even as they compete with one another for quality medical students.

The recruitment of faculty physicians has become increasingly challenging. The program directors have agreed to pool their recruitment efforts for faculty. This has led to increased staff efforts by posting faculty openings on the COFM website, contacts with practicing physicians about faculty positions, recruiting at a national conference, and an effort to recruit graduates to faculty positions. Additionally, state funds allocated to the CDPHE provide loan repayment awards to recruit and/or retain family medicine residency faculty. COFM staff have worked closely with staff in the Primary Care Office to set up and operate the faculty loan repayment program.

- Placement of Graduates: The staff assists several ways with the placement of graduates in Colorado. First, they work with the COPIC Insurance Company to provide an educational conference to inform residents of future practice options, including rural and underserved locations. Second, the Commission joined the Colorado Rural Health Center in its effort to create and fund the Colorado Physician Recruitment Program. This is a not-for-profit venture that emphasizes placing primary care physicians in rural and underserved areas of the state. The COFM Executive Director participates in the Colorado Health Service Corps board to provide loan repayment to graduates. COFM has added a recruitment component to its website. Finally, the Residency Recruiter is a liaison between soon-to-graduate residents and job openings in the state.

- Staffing the Commission: This includes as variety of functions such as preparing agendas and minutes for board meetings, communicating with and updating board members, orienting new board members, educating the citizen representatives about family medicine education and health care issues, arranging visits to residencies, and working with the Governor's Office of Boards and Commissions.

- Coordination of Activities with Residencies: The Commission staff helps coordinate many meetings of residency staff across the state and acts as a conduit of information exchange among the programs. The Commission staff help coordinate over 30 meetings annually. Included are the bi-annual leadership workshops for chief residents and an annual retreat for the program directors of the nine programs.

- Collaboration with CU School of Medicine and Rocky Vista University (RVU) of Osteopathic Medicine: Commission staff work with administrators and faculty from both of Colorado's medical schools. The deans of both schools are members of the Commission. The Commission collaborates on efforts at both CU and RVU to create rural training tracks in the state.

- Partnership with Community Organizations: Commission staff collaborates with a diverse set of public and community-based organizations. A partial list of organizations include the Colorado Area Health Education Centers, COPIC Insurance Company, the Colorado Rural Health Center, Colorado Academy of Family Physicians, The Colorado Trust, The Colorado Health Foundation, Caring for Colorado, HealthTeamWorks, ClinicNet, Kaiser Foundation, the Colorado Health Service Corps, and the National Health Service Corps.

- Research Activities: The staff participates in research activities related to family medicine education. Examples include consulting with the Department of Family Medicine to engage the residencies in practice-based research, developing a database to track the practice location of graduates since the 1970s, documenting the value of the rural rotation for resident physicians, and collecting data on recruiting activities.

- Management and Administration: Included in this item are the activities required to keep an organization functioning, such as supervising staff, writing grants, paying bills, and preparing board reports.

Hot Issues

Sustainable Funding for Training Primary Care Physicians

The funding of family medicine residency programs is inadequate and complex. Financial support for Colorado's family medicine GME programs comes from four main sources:

- Patient Revenue**:** Residents in primary care specialties, such as family medicine, complete most of their training in outpatient clinics. Reimbursement rates for the main types of outpatient primary care, such as the management of chronic conditions and preventive care, are lower than hospital-based medical specialties. In addition, many patients seen by resident trainees are uninsured, underinsured, or covered by Medicaid or Medicare, both of which pay less for services than commercial insurance carriers. In Colorado, revenues from patient care in family medicine residencies cover about half of the cost of operating the programs.
- Medicare GME Payments: These payments from the federal government cover about one-third of the costs of the programs. Due to a cap in place since 1997, additional training slots do not receive Medicare GME payments.
- Medicaid GME Payments: State funds are matched by federal Medicaid funds and allocated to the residencies through the COFM. These funds cover 3-5% of the total program costs. In addition, hospitals that sponsor residency programs receive a supplemental payment to care for Medicaid clients. These supplemental payments do not directly support the cost of the residency programs.
- Sponsoring Hospitals: The sponsoring hospitals pay the balance of the costs of the program. In Colorado, most sponsoring hospitals provide $500,000 to $1 million annually. Some sponsoring hospitals have considered closing the family medicine residency programs due to the financial deficits.

Although primary care physicians provide the majority of care in rural and underserved areas and decrease overall health care costs, the training programs for primary care physicians, compared to training programs for sub-specialty physicians, cost more for sponsoring hospitals. Residencies that train sub-specialty physicians are able to increase patient revenue through hospital-based procedures that are reimbursed at a higher rate. In contrast, the care of chronic conditions and preventive care, common in family medicine residencies, is reimbursed at a lower level. With no increases in federal funding to support primary care training, state funding has been instrumental for adding rural training programs and expanding the existing residencies.

The Commission continues to actively pursue GME payment reform on a national level. In 2014, COFM conducted the "GME Summit" in Washington, D.C. A similar event was held in Denver November 1-3, 2015. These events, funded entirely by contributions from non-profit and educational organizations, educate policy makers about the need for Medicare GME reform in order to expand the primary care physician workforce.

Placing and Retaining Primary Care Physicians in Rural and Underserved Areas of Colorado

An ongoing challenge is placing and retaining primary care physicians in rural and underserved areas of the state. Reports from the Colorado Health Institute and the Robert Graham Center point to the need for more PCPs in the state, particularly in rural and underserved areas. The maldistribution of PCPs is well documented.

One method to address this problem is to train family physicians in rural areas where they are more likely to stay after graduation. The Commission is actively working on three rural training tracks. Due to the complex Medicare GME policies and the cap placed on training positions in 1997, federal Medicare GME funding is minimal or nonexistent for new rural training programs. Therefore, state funding leveraged by Medicaid GME dollars and regional foundation support is necessary to build the primary care physician workforce needed in underserved areas.

Loan repayment is another strategy for placing graduates in rural and undeserved areas. COFM participates in the Colorado Health Service Corps. The recent allocation of state funds to add five positions to existing residency programs includes loan repayment to ensure the graduates will practice in designated Health Professional Shortage Areas in the state.

Challenge of Preparing Family Physicians for New Methods of Delivering Health Care

Colorado is actively engaged developing new models of care, such as the Regional Collaborative Care Organization pilot project. As described in the Strategic Plan, the Colorado family medicine residencies must be on the forefront of changes in health care delivery by training family physicians in advanced primary care practices. Graduates of the programs must be fully prepared to practice in a Patient-Centered Medical Home (PCMH). The transformation of residency clinics into PCMHs has been successful. A grant from the Colorado Health Foundation has enabled the Department of Family Medicine, HeathTeamWorks, and CAFMR to collaborate on a statewide PCMH project that is now into its eighth year. All nine of residency programs are now PCMH-qualified at the highest level according to criteria of the National Committee on Quality Assurance (NCQA).

Part of the transformation involves changes in staffing, such as adding care coordinators. Additionally, the transformation involves the training of staff, including family physicians, in a new way of caring for patients. Training includes new ways of communication within the team, team-based care, and the tracking of quality indicators to inform care decisions. Making these changes is an enormous challenge to residency programs. The residencies are busy, demanding environments in which patient care and physician education require the full attention of faculty and program directors.

Reimbursement for health care is often based on the fee-for-service model. As residency programs transition to quality-based outcomes and population-based care, the traditional volume-based payment system does not adequately reimburse for quality indicators. This poses a financial challenge to the residency programs. COFM, in partnership with the Colorado Academy of Family Physicians, is actively involved in the Colorado Primary Care Collaborative (CPCC) to advocate for payment reform with third-party payers.

Challenge of Recruiting and Retaining Qualified Family Medicine Faculty Physicians

The vacancies in faculty physician positions in Colorado's family medicine residencies have increased in recent years. Currently six faculty positions have been vacant for over 12 months. The recruitment and retention of faculty physicians has become more challenging for two reasons. First, fewer practicing family physicians do full-spectrum care, including OB and inpatient medicine. In contrast, residency programs are required to teach all aspects of family medicine to trainees. Program directors seek applicants capable of teaching ambulatory care, inpatient medicine, as well as OB. However, the pool of qualified candidates doing full-spectrum care is limited.

A second obstacle for recruiting faculty is the medical school debt faced by most recent residency graduates. The average medical school debt is $170,000. While some recent graduates would consider teaching, clinical practice pays substantially more than starting faculty jobs. A solution to the increasing shortage of residency faculty is loan repayment for new or recently-hired faculty.

The General Assembly approved $270,000 in the CDPHE budget for 2015-16 for faculty loan repayment. Although these funds are not in the COFM line item, the Commission fully supports continuation of the CDPHE funds for faculty loan repayment. In March of 2016, three residency program faculty (from Pueblo, Grand Junction, and Rose) received a loan repayment awards to ensure their retention in the residency programs. In the coming year, the loan repayment funds will be used to recruit or retain faculty in the other six residency programs.

Summary

COFM plays a vital role providing primary health care in Colorado. The primary mission is to train family physicians to practice in the state. Continued state funding at the current level is essential for the following reasons:

- Collaboration of programs: Enables the nine residency programs to collaborate, including recruitment and the coordination of rural rotations, thereby saving money and avoiding duplication. Base funding allows for continued collaborative projects among the programs.
- Patient-centered medical homes: All nine programs are certified PCMHs based on national standards. This statewide project ensures family physicians are trained in a team-based, integrated model. The project would not continue without coordination through COFM.
- Rural training programs: The three rural training tracks are in the third year of development. Once established, the rural programs will graduate six family physicians per year with a high likelihood to practice in rural areas.
- Additional trainees in existing programs: Five positions are being added to existing residency programs. Graduates will commit to three years of practice in rural and underserved areas of the state in exchange for loan repayment.

The recent increases in COFM funding will increase the number of family physician graduates by 11. Rather than 68 graduates per year, the residencies will produce 79 graduates. Moreover, all of the new training positions are specifically designed to increase the primary care physician workforce in rural and underserved areas of the state. The new projects (developing rural training programs and expanding existing residencies) require sustained state funding. A minimum of three years of funding is required to get the new trainees through three years of training. The reduction or elimination of funding for the new projects would result in no increase in primary care physicians in areas of the state that are in need of improved health care.

COFM also strongly supports the continuation of faculty loan repayment funds in the CDPHE budget. The availability of qualified faculty physicians is essential to maintain the quality of the family medicine residency programs.

Work Load Report

COFM's structure and relationship to the family medicine residencies do not lead to traditional workload indicators. The one area where a workload indicator applies is COFM's collaborative recruitment of medical students to train in Colorado's family medicine residencies. The recent increases in all three areas can reasonably be attributed to having a full-time recruiter beginning in the 2009-2010 season.

	2009	2010	2011	2012	2013	2014	2015	2016
Recruitment Events Attended	23	29	39	33	33	29	21	13
Students Interviewed	282	351	400	471	415	456	446	409
Number of Interviews*	731	902	983	1,130	925	868	869	831

*Some students interview at more than one residency program

Colorado Commission on Family Medicine (COFM)

Barbara Brett (COFM Chair)
Congressional District #1
960 S Jackson
Denver, CO 80209
Phone: 303-744-9281
barbarabrett@comcast.net

Jeffrey Shelton
Congressional District #4
615 Fairhurst Street
Sterling, CO 80751
Phone: 970-521-3298
jeffreydshelton89@gmail.com

***Chandra Hartman, MD**
Rose Family Medicine Residency
4545 East 9th Avenue, Suite 010
Denver, CO 80220
Phone: 303-584-7911
Fax: 303-584-7960
chandra.hartman@HealthOneCares.com

James L Helgoth
Congressional District #2
2277 Kincaid Pl
Boulder, CO 80304
Phone: 303-472-0891
JHelgoth@elward.com

Freddie Jaquez
Congressional District #3
5401 Rd 4.9 South
Alamosa, CO 81101
Phone: 719-589-4977
freddie@slvahec.org

Suzanne Bragg-Gamble
Congressional District #7
5840 Virgil Court
Golden CO 80403
Phone: 303-278-7254
sbgamble@msn.com

***Linda Montgomery, MD**
University of Colorado Family Medicine
Residency Program
3055 Roslyn, Suite 100
Denver, CO 80238
Phone: 720-848-9006
Fax: 720-848-9050
linda.montgomery@ucdenver.edu

***Blaine Olsen, MD**
St Joseph Hospital Family Medicine
Residency Program
1960 Ogden Street, Suite 490
Denver, CO 80218
Phone: 303-318-3205
Fax: 303-318-2003
blaine.olsen@sclhs.net

Doris Ralston
Congressional District #5
7660 Solitude Lane
Colorado Springs, CO 80919
Phone: 719-635-9057
ralstongd@comcast.net

John Reilly, MD
Dean, University of Colorado School of Medicine
13001 East 17th Place, Box C-290
Bldg 500, Room C1003A
Aurora, CO 80045
Phone: 303-724-0882
Fax: 303-724-6070
John.Reilly@UCDenver.edu

Carol Rumack, MD
CU Medical School Dean Designated Representative
13001 East 17th Place, Box C-293
Bldg 500, Room N4223
Aurora, CO 80045

Phone: 303-724-6027
Fax: 303-724-6034
carol.rumack@ucdenver.edu

***David Smith, MD**
North Colorado Family Medicine
1600 23rd Avenue
Greeley, CO 80634

Phone: 970-346-2800
Fax: 970-346-2828
david.smith@bannerhealth.com

***Emillia Lloyd, MD**
Southern Colorado Family Medicine
1008 Minnequa Ave.
Pueblo, CO 81004

Phone: 719-557-5872
Fax: 719-557-4730
lynnstrange@centura.org

***Sherman Straw, MD**
St. Mary's Family Practice Center
1160 Patterson Road
Grand Junction, CO 81506

Phone: 970-244-2874
Fax: 970-244-7522
sherman.straw@stmarygj.org

Thomas Told, DO
Dean, Rocky Vista University
College of Osteopathic Medicine
8401 S. Chambers Road
Parker, CO 80134

Phone: 720-874-2424

ttold@rvu.edu

***Sharry Veres, MD**
St. Anthony Family Medicine Residency
8510 Bryant Street, #210
Westminster, CO 80031

Phone: 303-430-6015
Fax: 303-430-6001
sharry.veres@Centura.org

Kent Voorhees, MD
CAFP Representative
Mail Stop F496
12631 East 17th Avenue
Aurora, CO 80045

Phone: 303-724-9736
Fax: 303-724-9746
kent.voorhees@ucdenver.edu

Brian Watson
Congressional District #6
1225 17th Street, Suite 1860
Denver, CO 80202

Phone: 303-893-9500
brian@northstarcp.com

***Brad Winslow, MD**
Swedish Family Medicine Residency
191 E. Orchard Rd., #200
Littleton, CO 80121

Phone: 303-788-3150
Fax: 303-788-3199
bradford.wislow@HealthOneCares.com

***Janell Wozniak, MD (CAFMR Chair)**
Ft. Collins Family Medicine Residency
1025 Pennock Place
Ft. Collins, CO 80524

Phone: 970-217-0892
Fax: 970-495-8891
janell.wozniak@uchealth.org

*Indicates residency program directors

Commission on Family Medicine	FY 2016-17	Schedule 3

Long Bill Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Long Bill Line Item 1						
FY 2014-15 Actual						
FY 2014-15 Long Bill, H.B. 14-1336	$5,401,843		$2,660,002			$2,741,841
Special Bill #1 FY14	$0	0.0	$0	$0	$0	$0
Special Bill #2 FY14	$0	0.0	$0	$0	$0	$0
	$0	0.0	$0	$0	$0	$0
Final FY 2014-15 Appropriation	**$5,401,843**	**0.0**	**$2,660,002**	**$0**	**$0**	**$2,741,841**
FY15 Allocated Pots	$0	0.0	$0	$0	$0	$0
FY15 Total Available Spending Authority	**$5,401,843**	**0.0**	**$2,660,002**	**$0**	**$0**	**$2,741,841**
FY15 Expenditures	$0	0.0	$0	$0	$0	$0
FY 2014-15 Reversion \ (Overexpenditure)	$5,401,843	0.0	$2,660,002	$0	$0	$2,741,841
FY 2015-16 Actual						
FY 2015-16 Long Bill, S.B. 15-234	$8,141,291	0.0	$4,035,538	$0	$0	$4,105,753
Special Bill #3 FY16	$0	0.0	$0	$0	$0	$0
Special Bill #4 FY16	$0	0.0	$0	$0	$0	$0
		0.0		$0	$0	
Final FY 2015-16 Appropriation	**$8,141,291**	**0.0**	**$4,035,538**	**$0**	**$0**	**$4,105,753**
FY16 Allocated Pots	$0	0.0	$0	$0	$0	$0
FY15 Total Available Spending Authority		**0.0**		**$0**	**$0**	
FY16 Expenditures	$0	0.0	$0	$0	$0	$0

FY 2015-16 Reversion \ (Overexpenditure)	**$8,141,291**	0.0	**$4,035,538**	$0	$0	**$4,105,753**
FY 2016-17 Appropriation						
FY 2016-17 Long Bill Appropriation H.B. 16-1405	**$8,145,188**	0.0	**$4,056,304**	$0	$0	**$4,088,884**
Special Bill #3 FY17	$0	0.0	$0	$0	$0	$0
Special Bill #4 FY17	$0	0.0	$0	$0	$0	$0
FY 2016-17 Total Appropriation	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
FY16 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY16 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY 2017-18 Request						
Final FY 2017-18 Appropriation	**$8,145,188**	0.0	**$4,056,304**	$0	$0	**$4,088,884**
Special Bill #4 FY17	$0	0.0	$0	$0	$0	$0
FY 2017-18 Base Request	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
Decision Item #1	$0	0.0	$0	$0	$0	$0
Decision Item #2	$0	0.0	$0	$0	$0	$0
FY 2017-18 Total Request	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
FY17 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
Long Bill Line Item 2						
FY 2014-15 Actual						
FY 2014-15 Long Bill, H.B. 14-1336	$0	0.0	$0	$0	$0	$0
Special Bill #1 FY15	$0	0.0	$0	$0	$0	$0
Special Bill #2 FY15	$0	0.0	$0	$0	$0	$0
Supplemental Appropriation S.B. 12-xxx	$0	0.0	$0	$0	$0	$0
Final FY 2014-15 Appropriation	$0	0.0	$0	$0	$0	$0
FY15 Allocated Pots	$0	0.0	$0	$0	$0	$0

FY14 Total Available Spending Authority	$0	0.0	$0	$0	$0	$0
FY15 Expenditures	$0	0.0	$0	$0	$0	$0
FY 2014-15 Reversion \ (Overexpenditure)	$0	0.0	$0	$0	$0	$0
FY 2015-16 Actual						
FY 2015-16 Long Bill, S.B. 15-234	$0	0.0	$0	$0	$0	$0
Special Bill #2 FY16	$0	0.0	$0	$0	$0	$0
Special Bill #3 FY16	$0	0.0	$0	$0	$0	$0
Final FY 2015-16 Appropriation	$0	0.0	$0	$0	$0	$0
FY16 Allocated Pots	$0	0.0	$0	$0	$0	$0
FY16 Total Available Spending Authority	$0	0.0	$0	$0	$0	$0
FY16 Expenditures	$0	0.0	$0	$0	$0	$0
FY 2015-16 Reversion \ (Overexpenditure)	$0	0.0	$0	$0	$0	$0
FY 2016-17 Appropriation						
FY 2016-17 Long Bill Appropriation H.B. 16-1405	$0	0.0	$0	$0	$0	$0
Special Bill #3 FY17	$0	0.0	$0	$0	$0	$0
Special Bill #4 FY17	$0	0.0	$0	$0	$0	$0
FY 2016-17 Total Appropriation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY 2017-18 Request						
Final FY 2017-18 Appropriation	$0	0.0	$0	$0	$0	$0
Special Bill #4 FY18	$0	0.0	$0	$0	$0	$0
FY 2017-18 Base Request	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
Decision Item #2	$0	0.0	$0	$0	$0	$0
Decision Item #3	$0	0.0	$0	$0	$0	$0

FY 2017-18 Total Request	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY18 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY18 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
Long Bill Line Item Final						
FY 2014-15 Actual						
FY 2014-15 Long Bill, H.B. 14-1336	$0	0.0	$0	$0	$0	$0
Special Bill #1 FY15	$0	0.0	$0	$0	$0	$0
Special Bill #2 FY15	$0	0.0	$0	$0	$0	$0
Supplemental Appropriation H.B. 12-xxx	$0	0.0	$0	$0	$0	$0
Final FY 2014-15 Appropriation	$0	0.0	$0	$0	$0	$0
FY15 Allocated Pots	$0	0.0	$0	$0	$0	$0
FY15 Total Available Spending Authority	$0	0.0	$0	$0	$0	$0
FY15 Expenditures	$0	0.0	$0	$0	$0	$0
FY 2014-15 Reversion \ (Overexpenditure)	$0	0.0	$0	$0	$0	$0
FY 2015-16 Actual						
FY 2015-16 Long Bill, S.B. 15-234	$0	0.0	$0	$0	$0	$0
Special Bill #2 FY16	$0	0.0	$0	$0	$0	$0
Special Bill #3 FY16	$0	0.0	$0	$0	$0	$0
Supplemental Appropriation S.B. 16-xxxx	$0	0.0	$0	$0	$0	$0
Final FY 2015-16 Appropriation	$0	0.0	$0	$0	$0	$0
FY16 Allocated Pots	$0	0.0	$0	$0	$0	$0
FY16 Total Available Spending Authority	$0	0.0	$0	$0	$0	$0
FY16 Expenditures	$0	0.0	$0	$0	$0	$0
FY 2015-16 Reversion \ (Overexpenditure)	$0	0.0	$0	$0	$0	$0
FY 2016-17 Appropriation						

FY 2016-17 Long Bill Appropriation H.B. 16-1405	$0	0.0	$0	$0	$0	$0
Special Bill #3 FY17	$0	0.0	$0	$0	$0	$0
Special Bill #4 FY17	$0	0.0	$0	$0	$0	$0
FY 2016-17Total Appropriation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY 2017-18 Request						
Final FY 2017-18 Appropriation	$0	0.0	$0	$0	$0	$0
Special Bill #4 FY17	$0	0.0	$0	$0	$0	$0
FY 2017-18 Base Request	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
Decision Item #4	$0	0.0	$0	$0	$0	$0
Decision Item #5	$0	0.0	$0	$0	$0	$0
FY 2017-18 Total Request	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
Division Total						
FY 2014-15 Actual						
FY 2014-15 Long Bill, H.B. 14-1336	$5,401,843	0.0	$2,660,002	$0	$0	$2,741,841
Special Bill #1 FY15	$0	0.0	$0	$0	$0	$0
Special Bill #2 FY15	$0	0.0	$0	$0	$0	$0
	$0	0.0	$0	$0	$0	$0
Final FY 2014-15 Appropriation	**$5,401,843**	**0.0**	**$2,660,002**	**$0**	**$0**	**$2,741,841**
FY15 Allocated Pots	$0	0.0	$0	$0	$0	$0
FY15 Total Available Spending Authority	**$5,401,843**	**0.0**	**$2,660,002**	**$0**	**$0**	**$2,741,841**
FY15 Expenditures	$0	0.0	$0	$0	$0	$0
FY 2014-15 Reversion \ (Overexpenditure)	$5,401,843	0.0	$2,660,002	$0	$0	$2,741,841

FY 2015-16 Actual						
FY 2015-16 Long Bill, S.B. 15-234	$8,141,291	0.0	$4,035,538	$0	$0	$4,105,753
Special Bill #2 FY16	$0	0.0	$0	$0	$0	$0
Special Bill #3 FY16	$0	0.0	$0	$0	$0	$0
		0.0		$0	$0	
Final FY 2015-16 Appropriation	**$8,141,291**	**0.0**	**$4,035,538**	**$0**	**$0**	**$4,105,753**
FY16 Allocated Pots	$0	0.0	$0	$0	$0	$0
Roll-forward expense to FY 2015-16	$0	0.0	$0	$0	$0	$0
FY16 Total Available Spending Authority	**$8,141,291**	**0.0**	**$4,035,538**	**$0**	**$0**	**$4,105,753**
FY16 Expenditures	$0	0.0	$0	$0	$0	$0
FY 2015-16 Reversion \ (Overexpenditure)	$8,141,291	0.0	$4,035,538	$0	$0	$4,105,753
FY 2016-17 Appropriation						
FY 2016-17 Long Bill Appropriation H.B. 16-1405	**$8,145,188**	0.0	**$4,056,304**	$0	$0	**$4,088,884**
Special Bill #3 FY17	$0	0.0	$0	$0	$0	$0
Special Bill #4 FY17	$0	0.0	$0	$0	$0	$0
FY 2016-17 Total Appropriation	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
FY17 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY 2017-18 Request						
Final FY 2017-18 Appropriation	**$8,145,188**	0.0	**$4,056,304**	$0	$0	$**4,088,884**
Special Bill #4 FY17	$0	0.0	$0	$0	$0	$0
FY 2017-18 Base Request	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
Decision Item #1	$0	0.0	$0	$0	$0	$0
Decision Item #2	$0	0.0	$0	$0	$0	$0
FY 2017-18 Total Request	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**

FY17 Personal Services allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY17 Operating allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY 2016-17 Total Appropriation	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
FY 2017-18 Base Request	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
FY 2017-18 Total Request	**$8,145,188**	**0.0**	**$4,056,304**	**$0**	**$0**	**$4,088,884**
Percentage Change FY 2016-17 to FY 2017-18	**0%**		**0%**			**0%**