STRATEGIC PLAN: FY 2017-2018

Commission on Family Medicine

TABLE OF CONTENTS

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Section	**Page**
Introduction	1-3
Statutory Authority	4
Organizational Chart	4
Mission Statement	4
Vision Statement	4
Core Objectives and Performance Measures	5-9
1. Train family medicine residents in Colorado	5-6
2. Prepare family medicine residents to provide health care in advanced primary care practices to meet the future needs of Colorado citizens	6
3. Address the need for primary care physicians in Colorado	6-9
4. Contribute to Colorado's patient care safety net	9

2016-2017 Strategic Plan
Commission on Family Medicine

Introduction

The strategic plan of the Commission on Family Medicine addresses the documented need in the state for well-trained family physicians, particularly in rural and underserved areas, as well as the need to prepare family physicians for advanced primary care characterized by team-based, integrated care. The core objectives, outlined later in this plan, are designed to increase the number of family physicians trained in our state, increase the number of graduates practicing in rural and undeserved areas, and ensure training occurs in a patient-centered medical home. Recognizing the increased need for primary care physicians, the Colorado General Assembly recently allocated funds to add more family medicine training positions in rural areas and in existing residency programs. The strategic plan addresses the expansion of existing training programs. Also, the strategic plan ensures that residency programs are responsive to changes in the fundamental way that health care is being delivered along with new payment models. Residents must be trained in an educational environment that emphasizes team-based care, coordinated care, quality-based outcomes, population management, increased patient access, and new payment methods. Preparing a family physician to thrive in advanced primary care practices requires changes in how we train family physicians during residency.

<u>The Commission on Family Medicine</u>
The Commission on Family Medicine (COFM) is a collaborative model for providing primary care to the people of Colorado. It is a public-private venture. Nine private health care facilities collaborate with citizen representatives from Colorado's seven congressional districts. COFM brings together the family medicine residencies and their sponsoring hospitals to coordinate their efforts in training family physicians to meet the primary care needs of Colorado. The Commission is a great example of what can be achieved when vision is inclusive of all of Colorado in a tradition of cooperation and teamwork.

The Commission was created in 1977 to meet Colorado's need for primary care, especially in rural and underserved areas of the state by:

- Assisting in obtaining state funding for family medicine residency training;
- Encouraging the state's family medicine residencies to collaborate with the consumers of health care and with each other to address Colorado's need for family physicians;
- Calling for family medicine residencies to provide a high quality of training

COFM today is a unique, national model. The degree of collaboration among the state's nine family medicine residencies is unmatched in the country. The programs work together to recruit medical students and faculty, create patient-centered medical homes, and share expertise between programs. In other states, it is common for residency programs to compete with one another, requiring each program to replicate efforts, driving up costs to recruit and develop internal resources. The vital role of citizen representatives from all seven congressional districts has assured that the training of family physicians corresponds to the health care needs of Coloradans, including the need to place more family physicians in rural areas of the state. With an eye on the health care needs of the people of Colorado, members of the COFM board actively shaped the objectives presented in this strategic plan.

Examples of successful collaboration include the recruitment program, rural rotations and training tracks, the patient-centered medical home project, and advocating for graduate medical education (GME) payment reform.

Recruitment Program. From a national perspective, over 450 family medicine residency programs compete to recruit medical students interested in family medicine with less than half of family medicine training slots filled with allopathic (M.D.) medical students. Colorado's nine family medicine residency programs have 79 positions to fill annually. The two medical schools in Colorado (CU Medical School and Rocky Vista University of Osteopathic Medicine) are not able to graduate enough students with an interest in family medicine to fill all of these slots. Through COFM, the residency directors have created a national recruitment program. COFM's recruitment program represents all nine programs at recruitment fairs and in marketing materials.

Rural Rotations and Rural Training Tracks (RTTs). As part of their training, all family medicine residents are required to complete a one-month rotation in a rural location. The intent of this experience is to increase a resident's propensity to select a rural site for practice upon graduation. COFM selects and approves sites and helps coordinate the rotation schedule. Starting in 2013, COFM has used state funds to expand from one (Wray) to four RTTs (Alamosa, Ft. Morgan, Sterling).

Patient-Centered Medical Home Project. COFM is collaborating with other organizations to transform the residencies' curricula and practices into the Patient-Centered Medical Home (PCMH) model. The PCMH model is a building block of the new method of health care delivery. Through "learning collaboratives", the nine residency programs have worked together to learn from and support each other. This project, starting in 2009 with funds from the Colorado Health Foundation, will continue as an important part of the future strategic plan.

GME Payment Reform. Medicare GME payments are an important source of funding for residency training in all states. In the current structure, federal funding supports the training of more sub-specialists and fewer primary care physicians. COFM has been actively involved educating policymakers that the GME payment system needs to be changed in order to build the primary care physician workforce needed by the country and Colorado. The current payment system makes it difficult to expand the number of family medicine training positions in our state. In June, 2014, COFM successfully coordinated a major event in Washington, D.C. to educate policy-makers about changes needed in Medicare GME payments to increase the primary care physician workforce. We hosted a follow-up conference November 1-3, 2015 in Denver. These activities are conducted in collaboration with the Colorado Institute of Family Medicine, University of Colorado Department of Family Medicine, Rocky Vista University College of Osteopathic Medicine, and the Colorado Academy of Family Physicians.

<u>Contributors to Colorado's Patient Care Safety Net</u>

In addition to training family physicians, the nine residency programs play a vital role as providers of primary care. The family medicine training centers are part of Colorado's patient care "safety net". COFM data indicate that in 2014/15, 66% of the 65,793 patients served by the family medicine residencies were Medicaid (45.8%), Medicare (12.4%), or uninsured (7.8%). It is noteworthy that, compared to the previous year, Medicaid patients increased 6% while uninsured patients decreased 10.4%. Without the presence of the family medicine residencies, access for Medicaid, Medicare, and uninsured populations would further erode. As centers of education, Colorado's family medicine residency programs not only fulfill the legislative mandate of meeting the state's need for family physicians, but also provide health care to populations who find it difficult to access needed care.

Challenges Facing Family Medicine Education

Looking ahead, five challenges face family medicine education in Colorado.

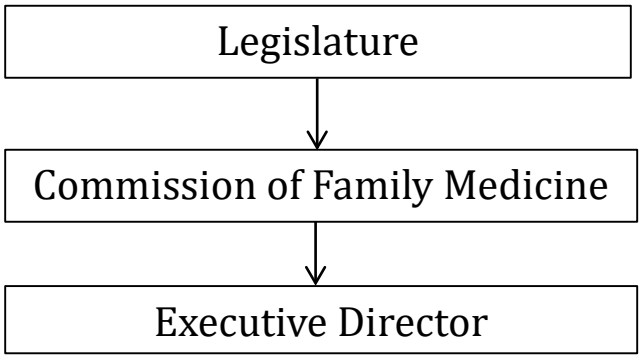
- *First is recruiting and training enough family physicians to meet the primary care health care needs of the state.* A continued shortage of primary care physicians is an ongoing challenge, especially in rural and underserved urban areas. Less than 10% of medical students select family medicine as their specialty. With health care reform, an increasing population, and retirement of practicing family physicians, Colorado will need more primary care physicians. Medical students typically graduate with high debt and, therefore, select sub-specialties with higher salaries.
- *A second challenge is placing family medicine graduates in rural and underserved areas of the state.* The retention of primary care physicians in rural areas continues to be a challenge. Obstacles to rural practice include spousal satisfaction and professional isolation. Strategies to increase the likelihood of rural practice include increasing the exposure to rural settings during training (such as rural training tracks) and providing loan repayment.
- *The third challenge is finding sustainable funding for training family physicians.* Family medicine residency programs do not generate sufficient revenue to offset the program expenses. As described above, the current federal GME payment system, largely funded through Medicare, favors the training of non-primary care specialists or hospital-based physicians. Moreover, the current system does not fund new training slots. To control GME costs, Congress placed a cap on the number of training slots in 1997. In Colorado, each family medicine residency typically has an average deficit of $.5M annually that is covered by their sponsoring hospitals. State funding has been instrumental to help fill the financial gap and train a high-quality primary care workforce. With two new family medicine residencies opening in July 2016, additional state support will be needed in the near future.
- *A fourth challenge is a shortage of faculty to teach family medicine residents.* Many practicing family physicians do not provide full-scope primary care, including obstetrics and inpatient medicine, required of faculty physicians. Also, family physicians in full-time clinical practice are paid more than family physicians that teach in residency programs. Both of these factors make it challenging to recruit and retain family medicine faculty physicians.
- *A fifth challenge is to prepare resident physicians for advanced primary care practices.* The delivery of health care is changing rapidly. Residents need the skills to lead practices characterized by team-based care, care coordination, quality outcome indicators, integrated care, patient access, and population-based health. The residency programs must continue their progress as patient-centered medical homes. Although there is ample evidence that a PCMH improves health outcomes and lowers costs for patients, the current payment system does not cover the costs for the additional personnel and preventive health efforts. The payment system is gradually moving from volume-based to quality-based reimbursement, but the change is slow, making the financing of the PCMH a challenge.

In summary, for almost 40 years the Commission has played an important role in training family physicians for practice in Colorado. The unique private-public collaboration has been a national model others seek to emulate. The collaboration among the nine residency programs and the citizen representatives has strengthened primary care in Colorado. The core goals continue to be 1) address the state's need for family physicians, 2) assure that Colorado's family medicine residencies are of high quality, 3) recruit medical students from across the country to fill the positions with high quality candidates, 4) recruit qualified faculty physicians to teach the residents, and 5) retain graduates to practice in Colorado, especially rural and underserved areas. Objectives have been modified to increase the number of graduates practicing in Colorado by 1) developing and maintaining rural training programs in the state and 2) expanding the number of trainees in existing residency programs.

Statutory Authority

The statutory authority for the Commission on Family Medicine is found at Title 25-1-901 through 25-1-904, Colorado Revised Statutes (August, 2013).

Organizational Chart



Mission Statement

To address the health care needs of the people of Colorado through the education of family physicians and the promotion of patient-centered primary care.

Vision Statement

Through a unique statewide public-private collaboration, lead the nation's premier family medicine residencies in providing quality family physicians for the people of Colorado, while positively impacting health and health care through the power of primary care.

Core Objectives and Performance Measures with Evaluation

The core objectives of the Commission on Family Medicine reflect the growing need in the state for well-trained family physicians, particularly in rural and underserved areas, as well as the need to prepare family physicians to practice team-based, coordinated and integrated care.

1. **Goal: Train family medicine resident physicians in Colorado**

Objective 1: Recruit high-quality medical students from across the country to train in one of Colorado's family medicine residencies

Performance Measure	Outcome	FY 13-14 Actual	FY 14-15 Actual	FY 15-16 Actual	FY16-17 Proposed
Annually fill 100% of available training positions	Benchmark	100%	100%	100%	100%
	Actual	100%	100%	100%	Pending

Strategies:

- Continue recruiting program in which all nine residencies partner to recruit medical students nationally by maintaining a joint website, developing collaborative public relations materials, and equally sharing recruitment costs
- Expand effort to send recruiting materials to medical schools and student organizations
- Participate in at least 10 recruitment events across the country; target medical schools with high percent of students selecting family medicine
- Support activities and make presentations to medical students at the CU School of Medicine and the Rocky Vista University of Osteopathic Medicine
- Each residency hosts medical students from across the country for a fourth-year clerkship to experience family medicine residency training in Colorado

Objective 2: Consistently meet the faculty ratio required for full accreditation

Performance Measure	Outcome	FY 13-14 Actual	FY 14-15 Actual	FY 15-16 Actual	FY16-17 Proposed
Program Director positions open more than 12 months	Benchmark	0	0	0	0
	Actual	0	0	0	Pending

Performance Measure	Outcome	FY 13-14 Actual	FY 14-15 Actual	FY 15-16 Actual	FY16-17 Proposed
Faculty physician positions open more than 12 months	Benchmark	0	0	0	0
	Actual	2	3	6	Pending

Strategies:

- Continue for the second year to use state funds allocated to the CDPHE Primary Care Office to recruit new faculty physicians and retain junior faculty physicians by offering the incentive of faculty loan repayment
- All nine residencies partner to recruit directors and faculty; share in faculty recruitment costs
- Maintain a joint website, post faculty vacancies, and proactively market to national and regional audiences

- Attend job fairs for physicians

Evaluation of Success in Meeting Benchmarks:

The first goal is to train family medicine residents. Our benchmarks are very objective: filling all available training positions with high quality medical students, maintaining a full complement of faculty physicians and program directors to teach and administer the programs, and maintaining full accreditation for the programs. We will closely track the outcome of the faculty loan repayment program administered jointly with CDPHE.

2. **Goal: Prepare family medicine residents to provide health care in advanced primary care practices to meet the future needs of Colorado citizens**

Objective 1: Train family medicine residents in a clinical environment that is certified as a Patient-Centered Medical Home, including care coordination services.

Performance Measure	Outcome	FY 13-14 Actual	FY 14-15 Actual	FY 15-16 Actual	FY16-17 Proposed
Number of residencies NCQA-certified as PCMH	Benchmark	9	9	9	9
	Actual	8	9	9	Pending

Performance Measure	Outcome	FY 13-14 Actual	FY 14-15 Actual	FY 15-16 Actual	FY16-17 Proposed
Number of residencies providing care coordination services	Benchmark	N/A	9	9	9
	Actual	N/A	9	9	Pending

Strategies:

- Each residency program will continue to renew their NCQA certification under the updated 2014 guidelines
- Each program has identified a staff member to support and coordinate quality improvement projects. A two-year grant extension from the Colorado Health Foundation allows the residencies to continue semi-annual PCMH learning collaboratives. This will enable the programs to continue functioning as PCMHs after the grant funds have ended.
- State funding allocated to the residencies for care coordination started in 2013-14 and continues to be used for care coordination services in each program.

Evaluation of Success in Meeting Benchmarks:
All nine programs have been certified at the highest level (Level 3) by the National Committee on Quality Assurance. This is a remarkable accomplishment. Another indicator of success is the continuation of semi-annual PCMH learning collaboratives that involves all of the residency programs. The staff identified as quality improvement champions in each program receive quarterly training to share best practices and improve their skills.

3. **Goal: Address the need for primary care physicians in Colorado**

Objective 1: Increase the supply of family physicians in Colorado

Performance Measure	Outcome	6/30/14 Actual	6/30/15 Actual	6/30/16 Actual	6/30/17 Proposed
Annually retain 60% of graduating residents	Benchmark	60%	60%	60%	60%
	Actual	54%	71%	61%	Pending

The number of graduates retained in the state this year was above the 60% benchmark. Last year COFM conducted a study showing over the last 43 years, since the first family medicine residents completed training in Colorado in 1972, 60% of the graduates are currently practicing in the state. That is a total of 1,004 family physicians.

Performance Measure: Add 5 new training positions to existing residency programs.

Performance Measure	Outcome	7/1/14 Actual	7/1/15 Actual	7/1/16 Actual	7/1/17 Proposed
Number of residents in new training positions	Benchmark	0	0	5	10
	Actual	0	0	5	Pending

The Colorado General Assembly allocated $2.7M to add five new positions to existing programs starting in 2015-16. The five participating programs (Ft. Collins, St. Anthony's, St. Joseph's, St. Mary's, University of Colorado) each recruited an additional resident who started training in July 2016. The five first-year residents will be joined next year by five new residents for a total of 10 residents (five first-year and five second-year). The following year, a third set of five new residents will be recruited for a total of 15 residents-in-training (five per year), yielding five graduates per year starting in 2019.

Performance Measure	Outcome	7/1/14 Actual	7/1/15 Actual	7/1/16 Actual	7/1/17 Proposed
Number of graduates with 3-year loan repayment awards	Benchmark	0	0	5	10
	Actual	0	0	4	Pending

The new funding also includes loan repayment awards to ensure the new graduates practice in rural and underserved areas of Colorado upon completion of training. In May, 2016, four graduates received loan repayment awards for a three-year commitment to practice in a Colorado HPSA site. Although five awards were available, one applicant was not eligible because the practice site in Sterling is not a HPSA-approved site. To take full advantage of the loan repayment program, we plan to make six loan repayment awards next year.

Strategies:

- Oversee the expansion of 5 programs that are adding a new resident
- Inform residents of employment opportunities in Colorado; maintain a file at each residency of positions available
- Continue to aggressively pursue reform of federal graduate medical education (GME) funding; basic changes are needed in order to further increase the number of training positions in Colorado's family medicine residency programs.
- Work closely with the physician recruitment and placement service (CPR) of the Colorado Rural Health Center
- Annually contact family medicine clinics in the state to identify open positions; inform residencies of these employment opportunities

Objective 2: Increase the number of family physicians in rural and urban underserved areas of Colorado

Performance Measure	Outcome	6/30/14 Actual	6/30/15 Actual	6/30/16 Actual	6/30/17 Proposed
30% of graduating residents working in CO opt for rural or urban underserved area	Benchmark	30%	30%	30%	30%
	Actual	44%	49%	53%	Pending

Strategies:

- Develop and maintain rural training tracks in Alamosa, Fort Morgan, and Sterling (in addition to the existing RTT in Wray)
- Continue the required one-month rotations in rural and/or underserved urban sites; support residents and preceptors in rural training sites
- In Feb, 2016 COFM hosted the Rural Training Track (RTT) National Conference with a focus on building a pipeline between medical school rural programs and the RTTs under development in our state
- Recruit nationally at medical schools with an emphasis on rural medicine
- Implement training that includes the full scope of family medicine to assure residents are prepared to practice in underserved areas
- Collaborate with the Colorado Rural Health Center's physician recruitment and placement service, specifically by promoting the loan repayment program

Objective 3: Develop rural training programs in the state.

Performance measure: The three new rural training tracks will recruit their first residents.

Performance Measure	Outcome	7/1/14 Actual	7/1/15 Actual	7/1/16 Actual	7/1/17 Proposed
Number of residents in Rural Training Tracks	Benchmark	3	3	7	13
	Actual	3	3	7	Pending

From 1992 until 2015, the Wray RTT trained 3 residents per year (one first-year, one second-year, and one third-year resident). In July 2016, two first-year residents began in each of the Alamosa and Sterling RTTs. In July 2017, we expect six new first-year residents to begin in the RTTs of Alamosa, Sterling, and Fort Morgan, resulting in 13 residents-in-training among the four RTTs.

Strategies:

- Oversee the development of the three RTT sites; provide administrative support, including consultants and project management, as needed
- Assist the RTTs in their recruitment efforts
- Assist the new rural sites as they complete the accreditation process
- Use state funds to ensure that the RTTs can be maintained into the future by building reserve accounts for each rural site
- Continue the Advisory Committee to make recommendations to the Commission board on the development and stability of the RTTs

Evaluation of Success in Meeting Benchmarks:
The intent of Goal #3 is to increase the number of family physicians in Colorado, especially in rural and urban underserved areas. Success will be evaluated by 1) the number of family medicine physician trainees in the state, 2) the number of residents choosing to practice in the state upon graduation, 3) the number of graduates who practice in areas designated as rural or underserved, 4) placing trainees in the three new rural training tracks.

4. **Goal: Contribute to Colorado's patient care safety net**

Objective 1: Family medicine residencies will contribute to Colorado's safety net

Performance Measure	Outcome	FY 13-14 Actual	FY 14-15 Actual	FY 15-16 Actual	FY 16-17 Proposed
60% of patients served by the FM residencies covered by Medicare, Medicaid, or uninsured	Benchmark	60%	60%	60%	60%
	Actual	71.1%	66.2%	Pending	Pending

Strategies:
- Residency programs continue to provide care for patients who are uninsured, underinsured, and on Medicaid and Medicare
- Continue to provide care coordination services to address the prevalent social determinants of health that affect the underserved patient population
- Residency programs continue to seek alternative, supplementary funding sources, such as grants, to defray the cost of uncompensated patient care services

Evaluation of Success in Meeting Benchmarks:
This goal is aimed at providing quality care to the underserved. Success in meeting this goal will be evaluated by analyzing the payer mix of residency patients. This information is collected annually from the residency programs and will be available as an outcome. Data for the 2015-16 year are being collected from the nine residency programs. These results will be available by the end of August 2016. Based on the trend in past years and the increase in Medicaid patients throughout the state, it is highly likely the goal of 60% will be exceeded.