BUDGET REQUEST: FY 2019-2020

Commission on Family Medicine

TABLE OF CONTENTS

BUDGET REQUEST: FY 2019-2020
Commission on Family Medicine

Section	Page
Background Information	1
Introduction	
Organizational Chart	2
COFM Membership	
State Funding is Vital for the Commission	
Funding Overview	5
Programs	8
Introduction	
Residency Training in Existing Programs	
Development and Maintenance of Rural Training Programs	
Addition of Five Training Positions	
Commission Operations	
Hot Issues	12
Sustainable Funding for Training Primary Care Physicians	
Challenge of Recruiting and Retaining Qualified Family Medicine Faculty Physicians	
Placing and Retaining Primary Care Physicians in Rural and Underserved Areas of Colorado	
Challenge of Preparing Family Physicians for New Methods of Delivering Health Care	
Summary	
Work Load Report	15
COFM Board Membership Roster	16-17
Schedules	18

VISION AND MISSION OF THE COMMISSION ON FAMILY MEDICINE

The vision of COFM is to promote high quality health care for all Coloradans by enhancing access to primary care, including rural and underserved communities, through the training of exceptional family physicians.

The mission of COFM is to convene key leaders and stakeholders who support family medicine training to:

- Cultivate and develop a highly qualified family physician workforce in Colorado to appropriately meet the needs of the population, including rural and underserved communities, through recruitment, education, advocacy and resource sharing.
- Evaluate and inform community, state, and national policy that impacts the delivery of advanced primary care and positive health outcomes for Coloradans.
- Be a powerful voice to elevate health care delivery for all Coloradans.

EXECUTIVE SUMMARY

The Colorado Commission on Family Medicine plays a vital role in making primary health care in Colorado available and accessible.

COFM is asking for no increase in the 2019-2020 fiscal year. The legislature's support and continued foresight is highly valued by the Commission and we are committed to being efficient stewards of the funds provided.

The primary mission is to train family physicians to practice in the state. Continued state funding is essential for the following reasons:

- Collaboration of programs: Enables the 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. With the addition of two new family medicine residencies, an increase in base funding has enabled the existing programs to maintain their current level of base funding.
- Rural training programs: The three rural training tracks have been established and are training family physicians in rural communities. These rural programs will graduate six family physicians per year with an increased likelihood to practice in rural areas.
- Additional trainees in existing programs: Five positions have been added to existing residency programs. Graduates commit to three years of practice in rural and underserved areas of the state in exchange for loan repayment. In addition, one new training position has been added to the University of Colorado program.
- Patient-centered medical homes: All programs are certified PCMHs based on national standards. This statewide project ensures family physicians are trained in a team-based, integrated model. This ongoing project depends on coordination from COFM.

The recent increases in COFM funding will add to the number of family physician graduates by 12. Rather than 68 graduates per year, the residencies will produce 90 graduates. Moreover, 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 as a minimum of three years of funding is required for the new trainees to complete training. The reduction or elimination of funding for the new projects would result in no increase in primary care physicians in areas of the

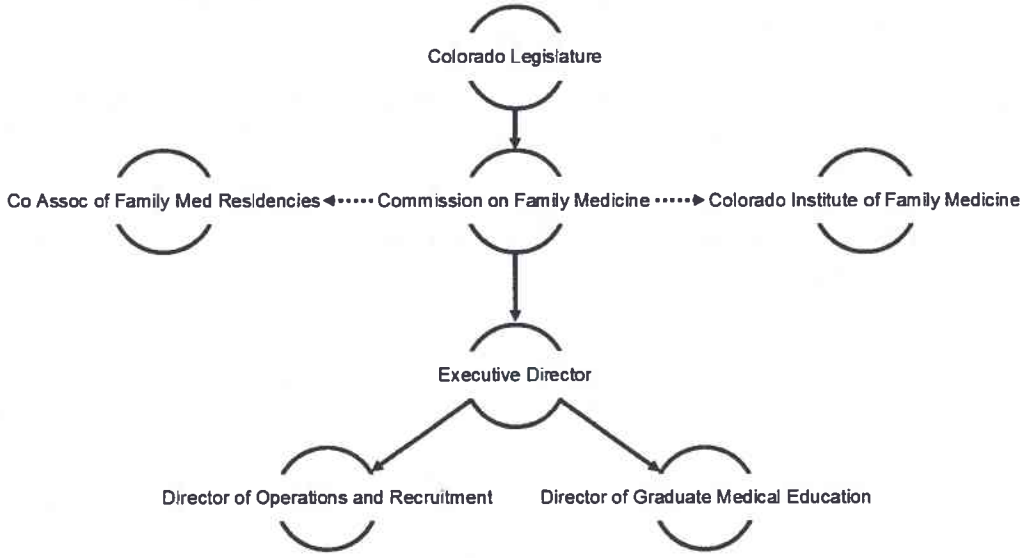
state that need improved access and health care. Finally, the addition of two new family medicine residency programs will add 16 more graduates by 2019, for a grand total of 90 per year.

The COFM allocation has been increased for four years prior to 2019-2020 specifically to place more graduates in rural and underserved areas of the state. Between the rural programs and the expansion of existing residencies, the family medicine residencies will add more graduates to their current rate of 68 per year for a total of 90 graduates. 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 two new family medicine residencies will provide 15 more graduates.

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 its citizens.

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, therefore, the staff 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. There are currently three staff members, Lynne Jones, Executive Director; Julie Herzog, Director of Operations and Recruitment; and Mannat Singh, Director of Graduate Medical Education.

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 family medicine residency 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 School 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 family medicine residency programs in Colorado.

- Fort Collins Family Medicine Residency (Fort Collins)
- North Colorado Family Medicine Residency (Greeley; rural training tracks-Sterling & Wray; underserved urban track at Greeley's Sunrise Community Health Center)
- Peak Vista Family Medicine Residency (Colorado Springs)
- Saint Anthony's Family Medicine Residency (Westminster)
- Saint Joseph's Family Medicine Residency (Central Denver)
- Saint Mary's Family Medicine Residency (Grand Junction)
- Sky Ridge Family Medicine Residency (Lone Tree)
- Southern Colorado Family Medicine Residency (Pueblo; rural training track in Alamosa)
- Swedish Family Medicine Residency (Littleton)
- University of Colorado Family Medicine Residency (Denver; Denver Health track; rural training track in Fort Morgan)

* Two new family medicine residencies started in July 2016. Both became members of COFM upon receiving accreditation in 2017.

BENEFITS OF COLLABORATION

State funds are vital to the Commission's success and form the nucleus for a unique collaboration among the CO residency programs which:

- Yields improved primary care physician supply and quality
- Enhances access in rural areas & for low-income, indigent populations
- Requires each resident to complete a rural rotation
- Recruits medical students jointly for all programs, avoiding duplication of effort and cost
- Recruits for high quality, experienced faculty
- Pools training resources which provide statewide networking & best practice educational opportunities
- Allows programs to take a statewide view in addressing primary care needs
- Supports programs in delivering care to the state's most under-resourced – Medicare, Medicaid and uninsured
- Would cease to exist without state funding

Background Information

Introduction

The Commission on Family Medicine (COFM) was established in 1977, through legislative mandate, to support the education of family physicians for Colorado. COFM brings together citizen representatives (consumers of health care) from Colorado's seven Congressional Districts and the program directors from each family medicine residency. 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 residency programs is quite remarkable and unique nationally as these are independent programs that operate within competing health care systems.

Commission on Family Medicine established by state statute, prompted by pulmonologist practicing in Pueblo who, in collaboration with family physicians, pursued the idea of a free standing commission.	1977
1980s	COFM establishes rural rotation requirement for all family medicine residents in Colorado.
Colorado Association of Family Medicine Residencies created, comprised of PDs from each residency and a CO Association of Family Physicians liaison. Serves as operating board for COFM.	1988
1990s	Colorado FMRs graduated 50 family medicine physicians. Began process of moving COFM out of University DFM which administered the commission and its state funds. First female program director among FMRs.
First COFM Executive Director. General Assembly requested study on current/future need for FM physicians in CO. Incorporation of CO Family Practice Director's Council. Began developing CAFMR groups for program networking.	1993-95
2000s	Match results: national 79%, CO 90%. Joint recruitment policy approved, and program dues. State funds distributed directly to programs with combined line item, for matching funds. Developed recruiting website, materials, strategy.
CO Institute of Family Medicine established, a 501c3 to apply for grants (PCMH transformation, offset rural rotation expenses). Focus: innovation/reforming Medicare GME to support primary care. 60% resident retention in CO.	2007
2011	GME Initiative (supported by CIFM) formed to reform the Medicare GME payment system to support primary care workforce through policy change. Established: Research Forum and Primary Care Innovation Collaborative.
Developed 3 new rural training tracks (Alamosa, Fort Morgan, Sterling), resulting in 6 additional resident graduates per year.	2013
2015	State Legislature supports 5 expansion slots in established residency programs. Faculty loan repayment program initiated, funded by legislature (oversight: CDPHE, PCO). Transitioned educational programs from HTW to COFM.
New FMRs: Sky Ridge, Lone Tree; Peak Vista, Colorado Springs, 16+ graduates/year by 2020. GMEI consultant hired to lead GME Medicare payment system reform/ advocacy. Started New Faculty Development Program.	2016
2017	By 2017, 28 additional training positions per year added, from 68 grads per year to 96 grads per year by 2021. Hired Director of GME, to lead the educational offerings from CAFMR for the programs, and to run the GME initiative.
Two new residency programs (Sky Ridge, Peak Vista), officially funded. Faculty Loan Repayment Program expanded to one per residency program.	2018

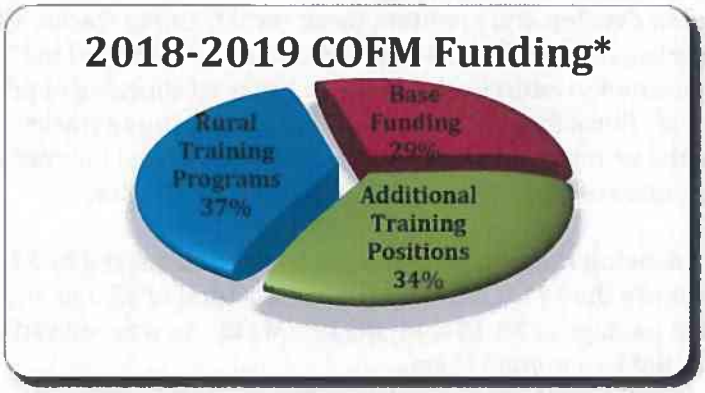
Funding Overview

The Commission on Family Medicine is requesting $4,520,084 reflecting *no increase* in funding for the 2019-20 fiscal year.

Key Numbers:
- 80+% of medical students come from outside Colorado
- 60+% students remain to practice close to where they complete training
- Over 10% practice in rural communities in CO
- Loan repayment supports physicians remaining in CO

State funds allocated to COFM are matched by federal Medicaid dollars, effectively doubling the state funding. Thus, in the current budget (2019-20), the state funding of $4,520,259 is matched 50-50 in federal Medicaid funds for a total of $9,040,168.

Without state funding, the degree of collaboration among 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.



*All Commission funding is allocated in the Commission line item of the state budget.

FAMILY MEDICINE RESIDENCY FUNDING PRIORITIES

1. **"Base Funding" ($1,670,084)** funded incrementally since the 1970's and distributed directly to each residency program for training expenses and care coordination services.
2. **"Rural Training Funds" ($1,500,000)**
Initiated in FY 2013-14 to develop and maintain three rural training tracks.
3. **"Residency Expansion Funds" ($1,350,000)**
Initiated in FY 2015-16, funds are allocated to add five training positions to existing residency programs.

NOTE: The COFM line item in the 2019-20 long bill will include $4,098,259 in general funds or $8,196,518 TF out of the total $4,520,084 GF/$ 9,040,168 TF allocated to COFM programs. This is due to the fact that funding to the University of Colorado is accounted for in a separate section of the long bill (appropriation 476).

Each of these distinct uses of the budget line item is described in more detail below.

1. Base Funding to Support Training in Residency Programs.

$3,340,168 in base funding is distributed directly from HCPF to the ten family medicine residency programs. The funds are used for training expenses, such as faculty and resident salaries, educational programming, rural rotation support and care coordination ($303,652). 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 enhance the recruitment program.

- A portion of the increase in base funding ($585,000) is used to train residents in the advanced skills needed to provide exceptional team-based, coordinated care. 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 utilizer patients and connect them with needed resources.
- An additional portion of the increased base funding ($45,000) is used to sustain our successful, collaborative recruitment program. The increase in state funding enabled the Commission to move from unpredictable grant funds to permanent funding to sustain this uniquely effective program and to participate in additional recruiting activities.

2. Develop and Maintain Rural Training Programs.

$1,500,000 is allocated to develop and maintain three rural training tracks. COFM funding for the rural training programs began in FY 2013-14 (SB 13-264) and increased in FY 2014-15 (SB 14-144). The funds are allocated to address the well-documented shortage of primary care physicians in rural areas of the state. Rural training programs like 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). With the passage of SB 14-144, the COFM statute was revised to not only *develop* rural training programs, but to *maintain* them.

Each of the three rural sites trains two family medicine residents per year for a total of six residents per program (two per class), eventually yielding six graduates per year, two per program. The rural track resident physicians spend the first year at an existing "home" 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. The development phase is complete and now the state funds maintain these programs.

Rural training track progress:

- 2013-14: Rural communities of Alamosa, Ft. Morgan, and Sterling were selected for the training programs
- 2013-14: Governance agreements and budgets have been developed for the rural sites
- 2016-17: All three rural sites received full accreditation from CMS (ACGME)
- 2016-17: Highly successful recruitment with all the training positions filled.
- July 2017: Second class of residents for the Alamosa and Sterling RTTs and the first class of residents for the Fort Morgan RTT began their training
- 2019-20: RTTs will all graduate their first classes of residents

State support at the current level is essential to the successful maintenance of the three new rural training programs. Each rural training track requires approximately $400,000 per year or $1,200,000 overall to cover expenses for training the six residents in each program. These funds subsidize the programs that the rural hospital administrators would not continue to house without assurance that the annual deficit they incur will be covered into the future of the programs.

To maintain the rural programs into the future, COFM has established a reserve account for each new RTT to cover the training costs over the next 10 years. COFM is also actively seeking financial support from other sources to attempt to reduce reliance on state funding:

- Regional foundations, including the A. F. Williams Foundation in Fort Morgan.
- Working with CMS to determine whether the three rural hospitals are eligible for Medicare GME payments.
- Advocating for congressional action to revise CMS policies for rural training programs. COFM is partnering with several other Western and Midwestern states on a bill in Congress to provide funding for new rural training programs. If successful, Medicare GME funds would supplement the state funding for ongoing maintenance of the rural programs.

3. Add new positions to existing residency programs.

$1,350,000 of state funds (matched by federal Medicaid funds for a total of $2,700,000) is used to expand the number of training positions in existing programs and to provide loan repayment awards for new trainees to practice in rural and underserved areas upon graduation.

In 2015, the General Assembly funded the following COFM recommendation to add new training positions to existing family medicine programs: "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 will result in five additional graduates per year. We phased them in by adding five, first-year positions each year over three years. Residents filling the state-funded positions are required to commit to practice in rural or underserved locations in the state for three years following graduation. In return, they receive a loan repayment package. This requires a minimum of three years of state funding in order to graduate at least one cycle of trainees."

As a result of this new funding in 2015, five residencies added an additional training position: Fort Collins, St. Anthony's (Westminster), St. Joseph's (Denver), St. Mary's (Grand Junction), and the University of Colorado program (Denver).

Additional Resident Project progress to date:

- The five programs recruited five additional residents starting training in July of 2016, 2017 and, 2018.
- Fifteen graduating residents received loan repayment awards in return for a three-year service commitment at HPSA sites in the state:

PracticeSiteName	PracticeCity	PracticeZip	Practice County	Rural/Urban	Employer
Pecos Clinic	Denver	80221	Adams	Urban	Clinica Campesina Family Health Services
Thornton Clinic	Thornton	80229	Adams	Urban	Clinica Campesina Family Health Services
Federal Heights	Westminster	80031	Adams	Urban	Clinica Campesina Family Health Services
Aurora Health and Wellness Plaza	Aurora	80010	Arapahoe	Urban	Metro Community Provider Network, Inc.
Pagosa Springs Medical Center	Pagosa Springs	81147	Archuleta	Rural	Upper San Juan Health Service District
Pagosa Springs Medical Center	Pagosa Springs	81147	Archuleta	Rural	Upper San Juan Health Service District
Lafayette Clinic	Lafayette	80026	Boulder	Urban	Clinica Campesina Family Health Services
Buena Vista Health Center	Buena Vista	81211	Chaffee	Rural	Heart Of The Rockies Regional Medical Center
Lowry Family Health Center	Denver	80206	Denver	Urban	Denver Community Health Services, Inc.
Park Hill Family Health Center	Denver	80207	Denver	Urban	Denver Community Health Services, Inc.
Lowry Family Health Center	Denver	80230	Denver	Urban	Denver Community Health Services, Inc.
Pena SW Family Health Center	Denver	80219	Denver	Urban	Denver Community Health Services, Inc.
Lowry Family Health Center	Denver	80230	Denver	Urban	Denver Community Health Services, Inc.
Estes Park Salud Family Health	Estes Park	8017	Larimer	Urban	Plan De Salud Del Valle, Inc.
Sunrise Monfort Family Clinic	Evans	80620	Weld	Urban	Sunrise Community Health, Inc.

- In 2017, one additional resident was provided to the University of Colorado FM Residency. Supplemental Funding from the University of Colorado School of Medicine was earmarked to expand the FM Residency by one slot. This will result in three additional trainees (one per class) and an additional graduate each year.

With the addition of two new family medicine residencies that started in 2016, each with 8 trainees per year, Colorado's family medicine residencies will produce a grand total of 96 family physicians annually by 2021. Between 2014 and 2018, this is an astounding expansion of 84 trainees per year (28 per class) yielding 28 more graduates annually (from 68 in 2014 to 90 in 2021).

Programs and Operations Overview

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 2019/2020 (state funds plus federal Medicaid match): $9,040,168

1) Residency Training in Existing Programs: $3,340,168
2) Develop and Maintain Rural Training Programs: $3,000,000
3) Addition of Five Training Positions $2,700,000
3) Operations and Administration: $0

Base Program: Residency Training in Existing Programs:

Through the Commission, the state provides funding to train family physicians in Colorado's 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 requirements for residencies that receive state funds:

- Program must be accredited by the ACGME single-accreditation system
- Residents must complete a one-month rotation at a COFM-approved rural/underserved site
- Programs must agree to recruit medical students into their programs jointly.

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 a comprehensive primary care delivery model. The residency programs use a portion of the state funds to ensure that residents learn the value of care coordination services and work in an integrated, team-based clinical setting.

Rural Training Program Development and Maintenance

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 (base funding) that are distributed directly to the programs to enhance physician training, the rural training funds are used to develop and maintain three new rural training tracks. The Commission coordinated and implemented several steps to develop the rural training programs:

- Established an Advisory Committee (disbanded after programs established)
- Selected three sites for development: Alamosa, Fort Morgan, and Sterling
- Conducted numerous meetings and conference calls with personnel at the three sites, including rural hospital administrators, host residency administrators, and residency directors, and other community partners, to develop governance structures and budgets
- Prepared marketing and recruiting materials
- Initiated quarterly update and networking calls for each site

The rural training programs will graduate their first residents in 2019. The work of the Commission and these communities to create a robust, high-quality experience exemplifies the true benefit allowed for by the state's support of the collaboration that the presence of the Commission generates.

From a Rural Training Track Resident: I have been in Fort Morgan since August of this year, and rotated in several different settings including the ER, hospital, local nursing home, and outpatient clinic. There are so many great things that I have been able to do, but I think the thing that stands out the most for me as a physician is the continuity I have been able to have with patients. Here are a couple of examples:

- I saw a teenage girl in the ER for chest pain which turned out to be more anxiety and depression over loss of a family member. I was able to talk to she and her father about their situation and was able to follow up with her in clinic and get her referred to our therapist to get her depression addressed.
- I also admitted a patient to the hospital for a hip fracture and was able to follow her as she had surgery and was discharged to the local nursing home for rehabilitation. A few months later, I was able to see this patient again as I rotated in the nursing home and learn how well she had done and then see her safely transition home.

It has been great to follow my patients in several different settings and see that continuity of care as they make transitions through the system. I think that is something unique to Family Medicine training, especially in rural areas. I appreciate the opportunity to follow these patients in multiple settings and I think the patients appreciate it too.

Five Additional Training Positions

COFM is actively engaged with this current project. The state funds are disbursed to the five participating programs. COFM's support for this project includes:

- Signed memorandums of understanding between COFM and each sponsoring hospital to ensure the funds are appropriately used for resident training and loan repayment
- Work closely with the program directors of participating programs
- Work closely with Primary Care Office staff that administer the Colorado Health Service Corps (loan repayment program)

Fifteen additional residents have started training (five each in July of 2016, 2017 and 2018). In addition, fifteen graduating residents received loan repayment awards in return for a three-year service commitment at Colorado HPSA sites.

Benefit of Additional Training Positions...from the Programs:

...In Fort Collins we were able to grow our residency to meet the primary care needs of an additional 1,000 patients in a safety net clinic (70% Medicaid) in addition to providing better coverage for our complex and busy inpatient services.

...At the University of Colorado program, we took on the additional slot to expand our Denver Health Track, which has a focus on urban underserved care, especially of refugee and immigrant populations. Having this additional slot has allowed us to provide more primary care to this needy population as well as increase the size of our inpatient service at Denver Health.

Commission Operations

The Executive Director executes the COFM board directives, maintains a working relationship with the residency directors and other key personnel at the residency programs, and is responsible for all administrative functions of the Commission including personnel, accounting, and liaison with OSPB, HCPF, CHSC, the JBC, and a number of community organizations. 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, faculty development, state-wide learning collaboratives and a research forum, and other similar activities that benefit all residency programs. The Commission's office is also a central source of residency program data, such as residents in training, training costs, and employment choices of graduates.

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.

a)	Rural/Underserved Training	20%
b)	Recruitment of Residents and Faculty	20%
c)	Placement of Graduates	5%
d)	Staffing the Commission	10%
e)	Coordination of Activities with Residencies	13%
f)	Collaboration with CU School of Medicine and Rocky Vista University of Osteopathic Medicine	5%
g)	Partnerships with Community Organizations	5%
h)	Research Activities	2%
i)	Management and Administration	20%

a) <u>Rural/Underserved Training:</u> Family medicine residents in Colorado complete a month-long rotation at a rural or underserved clinical site. The purpose is to expose residents to rural practice, so they better understand the benefits, challenges and value of rural practice and consider it as a career option. 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 in Alamosa, Basalt, Brush, Buena Vista, Canon City, Frisco, Granby, Gunnison, Holyoke, Julesburg, La Junta, Yuma, Salida. For the minority of residents who are not able to spend a month in a rural setting (for family reasons or other extenuating circumstances), an alternative experience occurs at COFM-approved urban underserved sites. The rural training sites and supervising physicians receive no reimbursement for their service and provide housing for the residents and their families.

Staff commit substantial time providing oversight to the three new rural training programs. The COFM Executive Director coordinates this project.

b) 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 15 residency fairs and other recruitment events. Over 1,000 students visited with COFM representatives at these events. All intern positions were filled in the annual 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. (See the Hot Issues section below for a more detailed explanation.) The program directors have agreed to pool their recruitment efforts for faculty. This has led to increased staff efforts in posting faculty openings on the COFM website, contacts with practicing physicians about faculty positions, recruiting nationally, 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 the Primary Care Office to set up and operate the faculty loan repayment program.

c) 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 works with the Colorado Rural Health Center and its 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 on the Colorado Health Service Corps Advisory Council to provide loan repayment to graduates. COFM hosts a recruitment component to its website. Finally, the CAFMR Director of Operations and Recruitment is a liaison between soon-to-graduate residents and job openings in the state.

d) Staffing the Commission: A variety of functions related to the operations and communication about the programs encompass staffing the Commission. Duties include facilitation of board meetings, recruitment, education and communication with board members, educating the citizen representatives about family medicine education and health care issues, arranging visits to residencies, interacting with community stakeholders, and working with the Governor's Office of Boards and Commissions.

e) Coordination of Residency Activities: The Commission staff help coordinate many meetings of residency groups 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 Rocky Mountain Research Forum (approximately 200 attendees), the Primary Care Innovation Collaborative (approximately 130 attendees), the New Faculty Development Program, bi-annual leadership workshops for chief residents, periodic networking activities within different residency roles, and an annual retreat for the program directors of the residency programs.

f) 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 with both CU and RVU to create rural presence in the state.

g) Partnership with Community Organizations: Commission staff collaborate with a diverse set of public and community-based organizations such as the Colorado Area Health Education Centers, COPIC Insurance Company, the Colorado Rural Health Center, Colorado Academy of Family Physicians, The Colorado Health Institute, The Colorado Trust, The Colorado Health Foundation, Caring for Colorado, Kaiser Foundation, the Colorado Health Service Corps, and the National Health Service Corps.

h) Research Activities: The staff participate 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, documenting the value of the rural rotation for resident physicians, and collecting data on chief resident leadership and new faculty development workshops.

i) Management and Administration: Includes representing the Commission in the community and at the state and federal levels and activities required to keep the organization functioning, such as supervising staff, overseeing the operational budget and annual requested audit, writing grants, paying bills, and preparing board reports.

Hot Issues

Sustainable Funding for Training Primary Care Physicians

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

- Patient Revenue: Residents in primary care specialties like family medicine are required to complete most of their training in outpatient clinics. Reimbursement rates for care provided in outpatient settings, (management of chronic conditions, preventive care, etc.) are considerably lower than that of hospital-based medical specialties. In addition, many patients seen by residents are uninsured, or covered by Medicaid or Medicare, which pay less for services than commercial insurance. Due to these limitations, revenue from patient care in family medicine residencies covers only about half of the cost of operating.
- Medicare GME Payments: These payments from the federal government cover about one-third of the costs of the programs. Due to a cap put in place in 1997, new or additional training slots do not receive Medicare GME payment support.
- Medicaid GME Payments: State funds, such as those described in this document, 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 which *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 training 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. Federal funding to support primary care training has not increased in some time, so state funding has been instrumental to expanding rural training programs and existing residencies to serve these under resourced populations.

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 2015. A third "Summit" was sponsored in January 2017 in Albuquerque with a focus on state-based initiatives to support the training of primary care physicians and an additional event is planned for March 2019. These events, funded entirely by contributions from non-profit and educational organizations, create awareness among policy makers about the need for Medicare GME reform abut the need to expand the primary care physician workforce. Colorado has developed a national reputation as a leader in GME payment reform under the leadership of COFM.

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 three faculty positions have been vacant for over 12 months. The recruitment and retention of faculty physicians has become more challenging for three 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 faculty physicians capable of teaching ambulatory care, inpatient medicine, as well as OB.

A second obstacle for recruiting faculty is the medical school debt faced by most recent residency graduates which averages $170,000. While some recent graduates would consider teaching, clinical practice pays substantially more than faculty positions, allowing the graduate to pay off school loan more rapidly.

A third obstacle for recruiting faculty, related to the item above, is that clinical practice provides higher compensation than teaching in a family medicine residency program. Faculty at the family medicine residencies must possess a "love of teaching", for they work long hours, provide hospital care and OB services, and are paid much less than their private practice colleagues who often do not provide full-spectrum family medicine.

Residency faculty loan repayment for new or recently-hired faculty is a solution to this issue.

In the 2015-16 CDPHE budget, the General Assembly approved $270,000 for faculty loan repayment at the family medicine residencies. These funds provide six awards of $45,000 each year. The faculty receiving the awards commit to two years as a faculty member at the residency. Over the first two years of this program, three new physician faculty were recruited and six were retained (junior faculty who still have medical school loans are retained in their faculty positions by

the award). This program is immensely popular with the program directors of the family medicine residencies. It provides a tool for them to augment their faculty recruitment efforts and to retain their junior faculty who otherwise may be lured away to a higher-paying clinical job. In 2018-19, the state generously funded an additional $225,000 to allow each program to provide a faculty loan repayment award .

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

An ongoing challenge to primary care access placing and retaining primary care physicians in rural and underserved areas. 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 inequitable distribution 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 remain after graduation. The Commission established 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 crucial to build the primary care physician workforce 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 actively engages in 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)-like environment. The transformation of residency clinics into PCMHs has been successful. A grant from the Colorado Health Foundation enabled the Department of Family Medicine, HeathTeamWorks, and CAFMR to collaborate on a statewide PCMH project over the past eight years. Nine 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 adjustments in staffing, such as adding care coordinators. Additionally, the transformation involves the training of staff, including family physicians, in a comprehensive way of caring for patients. Training includes transition 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.

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.

Productivity 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 sustained increases in medical student recruiting can reasonably be attributed to state funding used exclusively for recruitment.

	2010	2011	2012	2013	2014	2015	2016	2017
Recruitment Events Attended	29	39	33	33	29	21	13	16
Students Interviewed	351	400	471	415	456	446	409	462
Number of Interviews*	902	983	1,130	925	868	869	831	923

*Some students interview at more than one residency program

Colorado Commission on Family Medicine (COFM)

Laurie Albright
Congressional District #2
2265 Vassar Drive
Boulder, CO 80305
Phone: 303-499-1854
laurie.a.albright@gmail.com

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

Brenda Fosmire
Congressional District #7
5831 Virgil Court
Golden CO 80403
Phone: 303-618-8073
brenda.fosmire@sclhs.net

John McLaughlin, MD
Congressional District #6
7797 S. Valleyhead Way
Aurora, CO 80016
Phone: 303-591-0433
drjdmc@gmail.com

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

***Emillia Lloyd, MD**
Southern Colorado Family Medicine
1008 Minnequa Ave.
Pueblo, CO 81004
Phone: 719-557-5872
emillialloyd@centura.org

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

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

Doris Ralston (COFM Chair
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
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
carol.rumack@ucdenver.edu

***David Smith, MD**
North Colorado Family Medicine
1600 23rd Avenue
Greeley, CO 80634
Phone: 970-346-2800
david.smith@bannerhealth.com

***Sherman Straw, MD**
St. Mary's Family Practice Center
1160 Patterson Road
Grand Junction, CO 81506
Phone: 970-244-2874
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
sharry.veres@Centura.org

Kent Voorhees, MD
CAFP Representative
Mail Stop F496
12631 East 17th Avenue
Aurora, CO 80045
Phone: 303-724-9736
kent.voorhees@ucdenver.edu

Tom Westfall
Congressional District #4
10512 County Rd 39
Sterling, CO 80751
Phone: 970-630-3748
mammothrun@gmail.com

***Brad Winslow, MD**
Swedish Family Medicine Residency
191 E. Orchard Rd., #200
Littleton, CO 80121
Phone: 303-788-3150
bradford.wislow@HealthOneCares.com

***Janell Wozniak, MD**
Ft. Collins Family Medicine Residency
1025 Pennock Place
Ft. Collins, CO 80524
Phone: 970-217-0892
janell.wozniak@uchealth.org

*Indicates residency program directors

SCHEDULES

Commission on Family Medicine Residency Training Programs

HB 16-1405 General Appropriation Act (FY 2016-17)	$7,597,298	0.0	$3,786,304	$0	$0	$3,810,994
FY 2016-17 Final Appropriation	**$7,597,298**	**0.0**	**$3,786,304**	**$0**	**$0**	**$3,810,994**
EA-04 Statutory Appropriation or Custodial Funds Adjustment	$0	0.0	($2,122)	$0	$0	$2,122
FY 2016-17 Final Expenditure Authority	**$7,597,298**	**0.0**	**$3,784,182**	**$0**	**$0**	**$3,813,116**
FY 2016-17 Actual Expenditures	**$7,597,298**	**0.0**	**$3,784,182**	**$0**	**$0**	**$3,813,116**
FY 2016-17 Reversion (Overexpenditure)	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY 2016-17 Total All Other Operating Allocation	**$7,597,298**	**0.0**	**$3,784,182**	**$0**	**$0**	**$3,813,116**

Commission on Family Medicine Residency Training Programs

SB 17-254 FY 2017-18 General Appropriation Act	$7,747,298	0.0	$3,798,649	$0	$75,000	$3,873,649
HB 18-1161 Supplemental Appropriation - HCPF	($150,780)	0.0	($390)	$0	($75,000)	($75,390)
FY 2017-18 Final Appropriation	**$7,596,518**	**0.0**	**$3,798,259**	**$0**	**$0**	**$3,798,259**
EA-04 Statutory Appropriation or Custodial Funds Adjustment	$0	0.0	($380)	$0	$0	$380
FY 2017-18 Final Expenditure Authority	**$7,596,518**	**0.0**	**$3,797,879**	**$0**	**$0**	**$3,798,639**
FY 2017-18 Actual Expenditures	**$7,596,518**	**0.0**	**$3,797,879**	**$0**	**$0**	**$3,798,639**
FY 2017-18 Reversion (Overexpenditure)	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**

Commission on Family Medicine Residency Training Programs

HB18-1322 FY 2018-19 Long Appropriation Act	$8,196,518	0.0	$4,098,259	$0	$0	$4,098,259
2018-19 Initial Appropriation	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
FY 2018-19 Personal Services Allocation	**$600,000**	**0.0**	**$300,000**	**$0**	**$0**	**$300,000**
FY 2018-19 Total All Other Operating Allocation	**$7,596,518**	**0.0**	**$3,798,259**	**$0**	**$0**	**$3,798,259**

Commission on Family Medicine Residency Training Programs

FY 2019-20 Starting Base	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
TA-41 Budget Object Code Technical Correction	$0	0.0	$0	$0	$0	$0
FY 2019-20 Base Request	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
FY 2019-20 Governor's Budget Request	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
Personal Services Allocation	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
Total All Other Operating Allocation	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**