



Colorado Commission on
Family Medicine

STRATEGIC PLAN: FY 2019-2020

Commission on Family Medicine

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2019-2020 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. 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 plan also ensures that residency programs are responsive to changes in the fundamental way that health care is being delivered and the impact of new payment models. Preparing a family physician to thrive in advanced primary care practice requires ongoing modification and involves training in an educational environment that emphasizes team-based, coordinated care, quality-based outcomes, population management, and enhanced patient access.

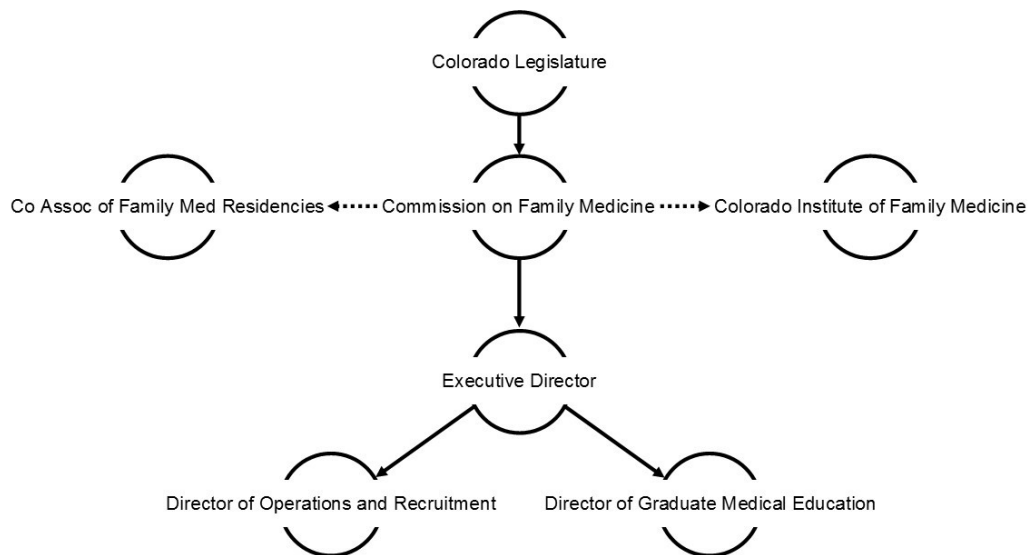
The Commission on Family Medicine

Our vision 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.

Our mission 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.

Organizational Chart



The Commission on Family Medicine (COFM) is a collaborative model providing primary care to the people of Colorado. Ten private health care facilities collaborate in a public-private venture together with citizen representatives from Colorado's seven congressional districts. COFM convenes the family medicine residencies and their sponsoring hospitals to coordinate efforts in recruiting and training family physicians to meet the primary care needs of Colorado. The Commission epitomizes what can be achieved when vision embodies a spirit of cooperation and teamwork.

The vital role of citizen representatives from all seven congressional districts has assured that the training of family physicians aligns with 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 shape the Commission's goals and vision.

The Commission was established 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 consumers of health care and with each other to address Colorado's need for family physicians; including:
 - A national recruitment program
 - Rural rotations and training tracks growth and development
 - The patient-centered medical home credentialing project
 - Advocating for graduate medical education (GME) payment reform
- Calling for family medicine residencies to provide high quality training

COFM is a unique, national model. The degree of collaboration among the state's ten 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. Competition among residency programs is the norm in most states driving replication of efforts, and higher recruitment and resource development costs.

Contributors to Colorado's Patient Care Safety Net

In addition to training family physicians, the family medicine residency programs play a vital role as providers of primary care to underserved citizens of the state. Their training centers are part of Colorado's patient "safety net". COFM data indicate that in 2017-18, 66.2% of the 84,100 patients served by the family medicine residencies were Medicaid (43.1%), Medicare (17.1%), or uninsured (6.0%). 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.

Programs

Rural Rotations and Rural Training Tracks (RTTs). All family medicine residents are required to complete a one-month rotation in a rural location as part of their training. 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 coordinates the rotation schedule. Starting in 2013, COFM has benefitted from state funds to expand from one (Wray) to four RTTs (Alamosa, Ft. Morgan, Sterling) which host residents for their last two years of training.

Patient-Centered Medical Home Project. COFM collaborates with other organizations to assure the residencies' curricula and practices adhere to the Patient-Centered Medical Home (PCMH) model.

The PCMH model is a coordinated, team-based approach to advanced primary care delivery. Through “learning collaboratives”, the family medicine residency programs work together to learn from and support each other. The initial project, funded from 2009-2017 by the Colorado Health Foundation, is now fully supported by COFM and will continue as a key part of the mission. Several focused learning collaboratives and educational events are held each year.

Graduate Medical Education 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. The current payment system inhibits expansion of family medicine training positions in our state and COFM has been actively involved educating policymakers of the necessity to reform the GME payment system in order to build the primary care physician workforce needed by the country, including Colorado, through several events:

- June 2014: COFM successfully coordinated a major event in Washington, D.C. to educate policymakers about changes needed in Medicare GME payments to increase the primary care physician workforce.
- November 2015: A follow-up conference was held in 2015 in Denver.
- January 2017: A state-based initiatives event was hosted in Albuquerque
- February 2018: The event had a national focus with GME education session in Atlanta
- March 2019: The group will return to Washington, D.C.

These activities are conducted in collaboration with the Colorado Institute of Family Medicine, University of Colorado Department of Family Medicine, Rocky Vista University School of Osteopathic Medicine, the Colorado Academy of Family Physicians and several national partners.

Challenges Facing Family Medicine Education

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

1. *Recruiting and training a sufficient number of family physicians to meet the primary 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 allopathic (M.D.) medical students select family medicine as their specialty. Medical students typically graduate with considerable debt and, therefore, tend to select higher paid sub-specialties. With an increase in patients with insurance, an increasing population, and retirement of practicing family physicians, Colorado is projected to need more primary care physicians.
2. *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.
3. *Finding sustainable funding for training family physicians.* Family medicine residency programs typically do not generate sufficient revenue to offset program and training expenses. As described above, the current federal GME payment system, largely funded through Medicare, favors the training of non-primary care or hospital-based physicians. Moreover, the current system does not fund new training slots due to a cap placed by Congress in 1997 on the number of slots available. In Colorado, each family medicine residency reports an average deficit of \$.5M annually that is covered by their sponsoring hospitals. State funding has been instrumental to help close the financial gap and train a high-quality primary care workforce.
4. *Shortage of faculty to teach family medicine residents.* The residencies find it continually more difficult to recruit faculty physicians due to two major factors:
 - a. Many practicing family physicians do not practice full-scope primary care, including obstetrics and inpatient medicine, required of faculty physicians.
 - b. Family physicians in full-time clinical practice are compensated better than family physicians serving as faculty in residency programs.

5. *Preparing resident physicians for advanced primary care practices.* The delivery of health care is changing constantly. Residents need skills to lead practices characterized by team-based, coordinate and integrated care, quality outcome indicators, 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, data collection and monitoring, 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 40 years the Commission has played an important role in training family physicians for practice in Colorado. The unique public-private collaboration is a model others seek to emulate nationally. The collaboration among the family medicine 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. WE also strive to increase the number of graduates practicing in Colorado by 1) developing and maintaining rural training programs 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).

Core Objectives and Performance Measures with Evaluation

The core objectives of the Commission on Family Medicine reflect the ongoing 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 15-16 Actual	FY 16-17 Actual	FY 17-18 Actual	FY18-19 Proposed
Annually fill 100% of available training positions	Benchmark	100%	100%	100%	100%
	Actual	100%	100%	100%	Pending

Strategies:

- Continue our recruiting program where all family medicine residencies partner to recruit medical students nationally by joint promotional materials and digital presence, and equally sharing recruitment costs
- Participate in at least 12 recruitment events across the country; target medical schools with high percent of students projected to select family medicine
- Pursue engagement with medical students at the CU School of Medicine and the Rocky Vista University of Osteopathic Medicine, including those in rural tracks

- Each residency hosts select 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 15-16 Actual	FY 16-17 Actual	FY 17-18 Actual	FY18-19 Proposed
Program Director positions open more than 12 months	Benchmark	0	0	0	0
	Actual	0	0	0	0

Performance Measure	Outcome	FY 15-16 Actual	FY 16-17 Actual	FY 17-18 Actual	FY18-19 Proposed
Faculty physician positions open more than 12 months	Benchmark	0	0	0	0
	Actual	6	3	3	Pending

Strategies:

- Continue to use state funds allocated to the CDPHE Primary Care Office loan repayment program to recruit new faculty physicians and retain junior faculty physicians
- All family medicine residencies partner to recruit directors and faculty; share in faculty recruitment costs
- Maintain a joint website, post faculty vacancies, and proactively market to national, regional and, local audiences
- Participate in faculty recruiting events (AAFP FMX and AFP Uniformed Services)

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 lead the programs, and maintaining full accreditation for the programs. We are closely tracking the outcome of the faculty loan repayment program administered jointly with CDPHE. To date, the awards have been used to recruit three new physician faculty and retain six junior faculty.

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 15-16 Actual	FY 16-17 Actual	FY 17-18 Actual	FY18-19 Proposed
# of residencies NCQA-certified as PCMH	Benchmark	9	9	9	9
	Actual	8	9	9	9

Performance Measure	Outcome	FY 15-16 Actual	FY 16-17 Actual	FY 17-18 Actual	FY18-19 Proposed
# of residencies providing care coordination services	Benchmark	9	9	9	10
	Actual	9	9	9	Pending

Strategies:

- Each residency program will continue to renew their NCQA certification under the updated 2014 guidelines or another comparable metric with state funding support
- Each program has staff and/or faculty to support and coordinate quality improvement projects. After 8 years of grant support from the Colorado Health Foundation, COFM has assumed full responsibility to assist the residencies continue functioning in a PCMH care model by conducting semi-annual statewide conferences (the Primary Care Innovation Collaborative in the fall and the Rocky Mountain Research Forum in the spring) and consistent, periodic meetings of several functional groups from the residencies.

Evaluation of Success in Meeting Benchmarks:

Nine of ten programs have been certified at the highest PCMH level 3 by the National Committee on Quality Assurance. Semi-annual PCMH learning collaboratives that involve all programs are conducted. 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	6/30/16 Actual	6/30/17 Actual	6/30/18 Actual	6/30/19 Proposed
Annually retain 60% of graduating residents	Benchmark	60%	60%	60%	60%
	Actual	61%	71%	71%	Pending

The number of graduates retained in the state this year was well above the 60% benchmark. COFM conducted a study recently showing that slightly over 60% of residency graduates over the last 7 years are currently practicing in the state.

Performance Measure: Continue 6 new training positions to existing residency programs.

Performance Measure	Outcome	7/1/16 Actual	7/1/17 Actual	7/1/18 Actual	7/1/19 Proposed
Number of residents in new training positions	Benchmark	5	10	16	16
	Actual	5	10	16	Pending

Five new positions: In 2015-16, the Colorado General Assembly allocated \$2.7M to add five new positions to existing programs. The five participating programs (Ft. Collins, St. Anthony's, St. Joseph's, St. Mary's, University of Colorado) each recruited an additional resident in July 2016. In July 2017, five more residents were recruited for a total of 10 residents (five first-year and five second-year) per program. In July 2018, a third set of five new residents was recruited for a total of 15 residents-in-training (five per year), yielding five graduates per year starting in 2019.

One new position: Funding from the University of Colorado Supplemental Payment (a new funding source as of 2017-18), one new position was added to the CU family medicine residency program. The first new was recruited in July 2018. One additional resident will be recruited over the following two years for a total of 3 residents-in-training (one in each class), yielding one new graduate per year starting in 2021.

Performance Measure	Outcome	7/1/16 Actual	7/1/17 Actual	7/1/18 Actual	7/1/19 Proposed
Number of graduates with 3-year loan repayment awards	Benchmark	5	10	15	15
	Actual	4	8	15	Pending

The funding for the five new positions (initiated in 2015-16) also includes loan repayment awards to ensure the new graduates practice in rural and underserved areas of Colorado upon completion of training. In the first two years of this new funding, eight graduates received loan repayment awards in return for a three-year commitment to practice in a Colorado HPSA site. Although five awards were available both years, in 2016 one applicant was not eligible because the practice site in Sterling is not a HPSA-approved site and in 2017 only 4 qualified applications were received. (Some interested graduates were not eligible because the underserved location did not meet criteria as a HPSA site.) The 15 recipients are serving in the Denver area (9 at FQHCs), Evans (1 at FQHC), Archuleta County (2 in Pagosa Springs), Boulder (1), Lafayette (1), Estes Park (1), and Chaffee County (1 in Buena Vista).

Strategies:

- Support the five programs that added a new resident (including the loan repayment program) and the one added resident at the University of Colorado residency
- Support the two new residency programs as they integrate into COFM
- Inform residents of employment opportunities in Colorado; post on the COFM website and maintain a file at each residency of positions available
- Continue to aggressively pursue reform of federal graduate medical education (GME) funding; reform is needed to further increase the number of training positions in Colorado’s family medicine residency programs. COFM has worked with Senator Gardner’s health aide to sponsor a bill supporting new rural training programs funding.
- 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	6/30/16 Actual	6/30/17 Actual	6/30/18 Actual	6/30/19 Proposed
30% of graduating residents working in CO opt for rural or urban underserved area	Benchmark	30%	30%	30%	30%
	Actual	53%	45%	41%	Pending

Strategies:

- Maintain the rural training tracks in Alamosa, Fort Morgan, Sterling, and Wray
- Continue the required one-month rotations in rural and/or underserved urban sites; support residents and preceptors in rural training sites
- Work closely with the University of Colorado School of Medicine and Rocky Vista University College of Osteopathic Medicine to build a pipeline between their medical student rural programs and the RTTs under development in our state

- Provide loan repayment awards for graduates of the five expansion residencies who go on to practice in HPSA sites.
- 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: Maintain the rural training programs in the state.

Performance measure: Colorado’s four rural training tracks (RTTs) will maintain accreditation.

Performance Measure	Outcome	7/1/16 Actual	7/1/17 Actual	7/1/18 Actual	7/1/19 Proposed
Number of accredited Rural Training Tracks	Benchmark	4	4	4	4
	Actual	4	4	4	Pending

Since 1992, Colorado hosted one accredited rural training track in Wray training 3 residents per year (one first-year, one second-year, and one third-year resident). Two additional RTTs were accredited in 2014 (Alamosa, Sterling) and one RTT was accredited in 2015 (Ft. Morgan). COFM will continue to work with all four RTTs to ensure that they maintain accreditation.

Performance measure: The rural training tracks will fill all training positions each year.

Performance Measure	Outcome	7/1/16 Actual	7/1/17 Actual	7/1/18 Actual	7/1/19 Proposed
Number of positions filled in Rural Training Tracks	Benchmark	7	13	19	21
	Actual	7	13	19	Pending

The Wray RTT has filled their single training position each year since 1992. In July 2016, two first-year residents began in each of the Alamosa and Sterling RTTs. In July 2017, six new first-year residents began in the RTTs of Alamosa, Sterling, and Fort Morgan, resulting in 13 residents-in-training among the four RTTs (three in Wray, four in Alamosa, four in Sterling, and two in Ft. Morgan). In July 2018, all seven first-year positions filled for a total of 19 residents-in-training (three in Wray, six in Alamosa, six in Sterling, four in Ft. Morgan). By July 2019, all 21 training slots are expected to be filled.

Strategies:

- Assist the RTTs in their recruitment efforts at regional and national level
- Inform medical students in the rural tracks of CU School of Medicine and RVU College of Osteopathic medicine about the RTTs in the state and encourage rotations
- Oversee the continued development of the three new RTT sites; provide administrative support, including consultants and project management, as needed
- Use state funds to ensure that the RTTs can be maintained into the future by building reserve accounts for each rural site

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 15-16 Actual	FY 16-17 Actual	FY 17-18 Actual	FY 18-19 Proposed
60% of patients served by the FM residencies covered by Medicare, Medicaid, or uninsured	Benchmark	60%	60%	60%	60%
	Actual	66.2%	66.2%	66%	Pending

Strategies:

- Residency programs continue to provide care for patients who are uninsured, underinsured, and on Medicaid and Medicare. In FY17-18, information gathered from the residency programs indicate that 66.2% of the 84,100 patients served by the family medicine residencies were Medicaid (43.1%), Medicare (17.1%), or uninsured (6.0%) patients.
- 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 participation in grant-supported programs like SIM and CMS-sponsored programs such as CPC+, 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 2017-18 year were collected from the 11 operating residency programs and is reflected here. It is expected that the trend of exceeding the 60% benchmark will continue.

Note: In June 2018, the Rose Family Medicine Residency Program closed after an agreement could not be reached by the operating partners. All residents in the Rose program were placed in Colorado family medicine residency programs due to the well-established collaboration and partnership among the programs. Although this was a huge disappointment for the Commission and the residency programs, several discussions are in process now to add additional residency slots in Colorado to address the needs of our citizens. Future plans will address the outcomes of these discussions.