BUDGET REQUEST: FY 2021-2022

Commission on Family Medicine

TABLE OF CONTENTS

BUDGET REQUEST: FY 2021-2022
Commission on Family Medicine

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 that the 2021-2022 fiscal year appropriation is made based on 2019-2020 funds. COFM took a minimum 13% cut with a possible 23% cut in 2020-2021 due to the necessary reduction to the state budget. In order to allow for completion of the resident physician three-year training cycle and ongoing patient care provided by these physicians, the state's ongoing support, plus the federal match we benefit from, must be sustained. 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 Commission's primary mission is to train family physicians to practice in the state. Continued state funding is essential for the following reasons:

- **Advanced Primary Care Delivery**: Programs provide direct patient care through advanced primary care delivery models based on national standards. This commitment ensures family physicians are trained in team-based, integrated care delivery, known to help improve health outcomes and manage cost. COFM coordinates these efforts on behalf of the programs.
- **Rural training programs**: The three rural training tracks have been established and are training family physicians in rural communities. These rural programs graduate six family physicians per year with an increased likelihood to practice in rural areas.
- **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.
- **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.

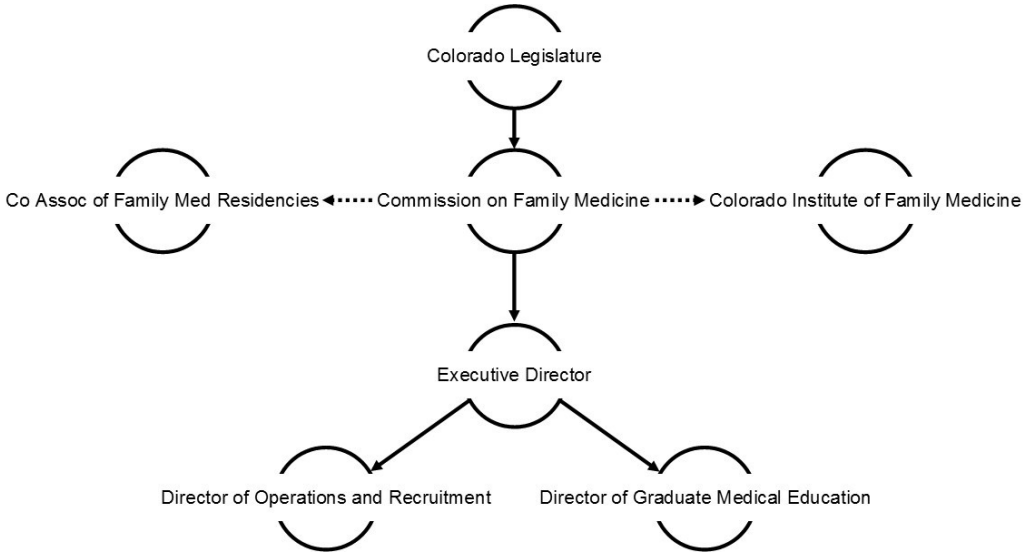
Recent increases in COFM funding have added to the number of family physician graduates by 12. Rather than 68 graduates per year, the residencies will produce 88 graduates. Moreover, the new positions are specifically targeted to increase the primary care physician workforce in rural and

underserved areas of the state. These newer projects (rural training programs and expansion of existing residencies) require sustained state funding as a minimum of three years of funding is necessary for trainees to complete training. Reduction or elimination of funding for these projects would result in no increase in primary care physicians in areas in need of improved access and health care. Finally, the addition of two new family medicine residency programs added 16 additional graduates in 2019, for the grand total of 88 per year.

The action of the Governor and legislature to address the shortage of primary care physicians in rural and underserved areas is an outstanding example of a state training its 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 Programs; 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 Colorado family medicine residencies to collaborate with citizens 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-FQHC)
- **Peak Vista Family Medicine Residency** (Colorado Springs-FQHC, homeless clinic urban rotation)
- **Saint Anthony's Family Medicine Residency** (Westminster)
- **Saint Joseph's Family Medicine Residency** (Central Denver)
- **Saint Mary's Family Medicine Residency** (Grand Junction)
- **HealthOne at 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 and became members of COFM when accredited in 2017.

BENEFITS OF COLLABORATION

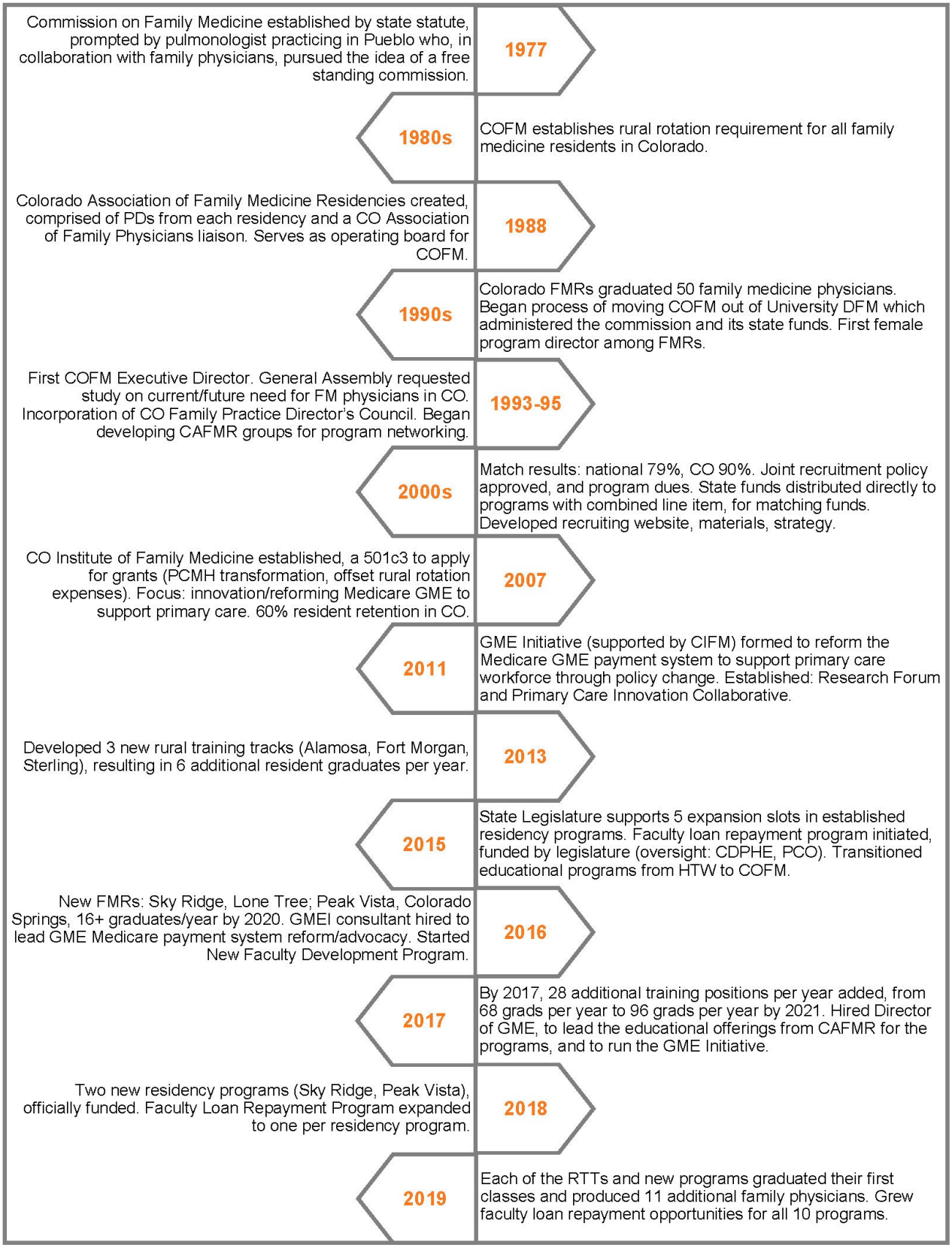
State funds are vital to the Commission's success and form the nucleus for a unique collaboration among the CO residency programs which:

- 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
2019
Each of the RTTs and new programs graduated their first classes and produced 11 additional family physicians. Grew faculty loan repayment opportunities for all 10 programs.

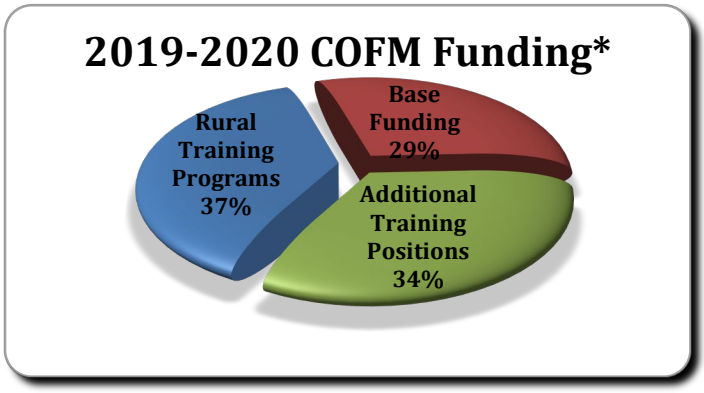
Funding Overview

The Commission on Family Medicine is requesting $4,520,084 reflecting *no increase* in funding from the 2019-2020 pre-pandemic fiscal year.

Key Numbers:
- 80+% of medical students come from outside Colorado
- 60+% residents remain to practice near where they complete training
- Over 10% practice in rural 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 (2020-21), the state funding is matched 50-50 in federal Medicaid funds.

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 with the exception of the teaching hospital line item, which holds approximately 10% of the COFM 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 2020-21 long bill includes $3,565,210 in general funds or $7,130,420 total funds allocated to COFM programs because funding of the teaching supplement that included the UC Family Medicine Residency program COFM appropriation was eliminated (appropriation 476).

Each of the distinct uses of the budget line item is described in more detail on the following pages.

1. Base Funding to Support Training in Residency Programs.

$2,274,724 in base funding will be distributed directly from HCPF to 9 of the 10 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 ($252,747).

COFM base funding was increased to the 2019-2020 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 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 is used to sustain our successful, collaborative recruitment program. The increase in state funding support enabled the Commission to move from unpredictable grant funds to permanent funding sustaining this uniquely effective program and enhancing recruiting activity.
- A request to adjust the distribution of the base funding amount is being made for 2021-22. The total funding amount will not change from the 2019-20 level. With the closure of the Rose program in 2018, the number of residencies decreased from eleven to ten. Through 2020, the funds historically allocated to Rose were distributed to the programs that took on the displaced residents which were allocated a proportionate share of their annual allocation. The last of those residents graduated in 2020. We are requesting that the funds previously allocated to Rose be distributed equally among the existing programs, a positive adjustment of $30,365 per program. This does not change the total allocation to programs.

2. Develop and Maintain Rural Training Programs.

$1,500,000 ($1,424,928 in 2020-21) of state funding support is allocated to support 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 a proven 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 pursue both *development* and *maintenance* to assure sustainability of the rural training programs. These programs continue to thrive with state support, but will be impacted if funding is not restored.

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 a "home" residency program followed by two years at the rural sites.

Development of Colorado's rural training program took the typical 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 state funds maintain these programs.

Rural training track progress:

- 2013-14: Rural communities of Alamosa, Ft. Morgan, and Sterling selected as training sites
- 2013-14: Governance agreements and budgets developed for the rural sites
- 2016-17: All three rural sites received full accreditation from CMS (ACGME)
- 2016-17: Highly successful recruitment; 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: All RTTs graduated their first classes of residents

State support at the current level is essential to the successful sustainability of the three rural training programs. Each rural training track requires an average of $600,000 per year or $1,800,000 overall to cover expenses for training the six residents in each program. These funds subsidize support for the programs and confirm continued support from rural hospital administrations that would not continue to host programs without assurance that the deficit they incur will be covered into the future.

To allow for sustenance of the rural programs into the future, COFM has established a reserve account for each RTT to cover the training costs for completion of a full cohort of residents. COFM also actively seeks financial support from other sources to attempt to reduce reliance on the state:

- Regional foundations, including the A. F. Williams Foundation in Fort Morgan.
- Working with CMS to determine hospital eligibility for Medicare GME payments.
- Advocating for congressional action to revise CMS policies for rural training programs. COFM is partnering with several 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 and workforce development.

3. Add new positions to existing residency programs.

$1,350,000 ($1,002,920 in 2020-21)of state funds (matched by federal Medicaid funds for a total of $2,700,000/$2,005,840) allows for an expanded 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 meeting HPSA status 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-for which funding was originally eliminated in 2020-21 (Denver).

Additional Resident Project progress to date:

- The five programs recruited five additional residents starting training in July of 2016, 2017 and, 2018. The second cohort began training in 2019.
- Nineteen graduating residents receive loan repayment awards in return for a three-year service commitment at HPSA sites in the state:

Practice Site	Employer	Practice City	Practice County	Rural/Urban	PracticeZip
Pecos	Clinica Family Health Services	Denver	Adams	Urban	80221
Federal Heights	Clinica Family Health Services	Westminster	Adams	Urban	80031
Thornton	Clinica Family Health Services	Thornton	Adams	Urban	80229
Aurora	Plan de Salud Del Valle	Aurora	Arapahoe	Urban	80011
Aurora Health and Wellness Plaza	Stride Community Health Center	Aurora	Arapahoe	Urban	80010
South Aurora Family Health Services	Stride Community Health Center	Aurora	Arapahoe	Urban	80014
Pagosa Springs	Pagosa Springs Medical Center	Pagosa Springs	Archuleta	Rural	81147
Pagosa Springs	Pagosa Springs Medical Center	Pagosa Springs	Archuleta	Rural	81147
Lafayette Clinic	Clinica Family Health Services	Lafayette	Boulder	Urban	80026
Buena Vista Health Center	Heart of the Rockies Regional Medical Center	Buena Vista	Chaffee	Rural	81211
Federico F. Pena SW Family Health Center	Denver Community Health Services	Denver	Denver	Urban	80219
Park Hill Family Health Center	Denver Community Health Services	Denver	Denver	Urban	80207
Lowry Family Health Center/Best Babies Clinic	Denver Community Health Services	Denver	Denver	Urban	80230
Lowry Family Health Center/Best Babies Clinic	Denver Community Health Services, Inc	Denver	Denver	Urban	80230
Lowry Family Health Center/Best Babies Clinic	Denver Community Health Services	Denver	Denver	Urban	80230
Peak Vista Community Health Center	Peak Vista Community Health Centers	Colorado Springs	El Paso	Urban	80917
Estes Park	Plan de Salud Del Valle	Estes Park	Larimer	Urban	80517
Fort Morgan	Plan de Salud Del Valle	Fort Morgan	Morgan	Rural	80701
Medication Assisted Recovery Center	Health Solutions	Pueblo	Pueblo	Urban	81001

- 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 resulted in three additional trainees (one per class) and an additional graduate each year from the University program. This funding was eliminated via the elimination of appropriation 476.

With the addition of two new family medicine residencies in 2016, each with 8 trainees per year, Colorado's family medicine residencies produce a grand total of approximately 88 family physicians annually. Between 2014 and 2018, this is an astounding expansion of 66 trainees per year yielding 20 additional graduates annually (from 68 in 2014 to 88 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 highlights how the state funding flows to each of the Commission's projects and activities.

Total appropriations for FY 2020-2021 (state funds + federal Medicaid match): $7,130,420*
*this figure represents a $1,066,100 reduction due to pandemic generated budget constraints

1) Residency Training in Existing Programs: $2,274,724
2) Develop and Maintain Rural Training Programs: $2,849,855
3) Addition of Five Training Positions: $2,005,840
4) Operations and Administration: $0

Base Program: Residency Training in Existing Programs:

Through the Commission, the state provides funding to Colorado's family medicine residencies training family physicians. This portion of the COFM funding is distributed directly to the residency programs specifically for residency training, not for the operating expenses of the teaching hospitals with which the programs are affiliated. State funding provides some flexibility for the residencies and provides important support for the educational priorities of the programs.

The Commission has established criteria for funding in accordance with the legislative declaration that guides 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 funds ensure that resident family physicians learn to work in a team-based, patient-centered, advanced care delivery clinical environment. Care coordination services are an important component of a comprehensive primary care delivery model.

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 maintain three new rural training tracks

The rural training programs all produced graduates in 2020. 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 2018, 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 newest project. State funds are disbursed to the five participating programs. COFM's support for this project includes:

- Complete memorandums of understanding between COFM and each sponsoring hospital to ensure appropriate use of funds - resident training and loan repayment
- Work closely with the program directors of participating programs
- Work closely with Primary Care Office staff administering the Colorado Health Service Corps (loan repayment program) funds

Twenty additional residents have started training (five each in July of 2016 through 2019). In addition, nineteen 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. COFM 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. Staff coordinates the statewide schedule, collects resident evaluations of their rural experience, reviews and approves new sites, and reports

results to the Commission. Staff also serves as a liaison between the communities and the residencies. The current sites are in 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 rural training track programs as well. The COFM Executive Director coordinates this project.

b) Recruitment of Residents and Faculty: The Commission holds recruitment as one of its highest priorities, as detailed in the Strategic Plan. This allocation of resources aligns with 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 through the annual match process. The Commission maintains a high level of coordination with the residencies which, 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 duties in promoting faculty position opportunities through 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 collaborate with the Primary Care Office to facilitate its faculty loan repayment awards.

c) Placement of Graduates: Staff assists extensively with placement of graduates in Colorado. First, they work with COPIC Insurance Company to provide educational opportunities 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 via its website. Finally, the CAFMR Director of Operations and Programs is a liaison between soon-to-graduate residents and practice opportunities in Colorado.

d) Staffing the Commission: Staff play a variety of roles for the Commission related to operations and communication in support of the programs. Duties include education and recruitment of board members, facilitation of meetings, strategic planning, educating 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 and other state entities.

e) Coordination of Residency Activities: Commission staff coordinate various networking opportunities for residency staff groups across the state and acts as a conduit for information exchange among the programs. The Commission staff help coordinate over 30 activities annually, including: 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 residency program directors.

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 array 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, the Colorado Health Service Corps, and the National Health Service Corps.

h) Research Activities: 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 rural rotations 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 audit, writing grants, paying bills, and preparing board and state reports.

Hot Issues

Sustainable Funding for Training Primary Care Physicians

The funding of family medicine residency programs funding is complex and under resourced and has been further deprived of resources due to the pandemic budget reductions. 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 provided by Colorado and 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 *does 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 approximately $500,000 to $1 million annually. Some sponsoring hospitals periodically consider closing the family medicine residency programs due to the perceived negative financial impact.

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 in 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 was held in Washington, DC in March 2019, and Denver in 2020. These events, funded entirely by contributions from non-profit and educational organizations, create awareness among policy makers about the need for Medicare GME reform and expansion of 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

Filling faculty physician roles becomes more difficult as the health systems sponsoring residency programs are challenged with decreased revenue and patient visits due to the pandemic. Several programs have been mandated to leave these positions unfilled while others have been forced to furlough staff or take mandatory leave to accommodate health system challenges.

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 would consider teaching, clinical practice provides higher compensation than faculty positions, allowing a shorter timeline to pay off loans.

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 receive lower compensation than their private practice colleagues who often do not provide full-spectrum family medicine care.

Residency faculty loan repayment for new or recently hired faculty is a solution to this issue that Colorado has helped to provide. In the 2015-16 CDPHE budget, the General Assembly approved $270,000 for family medicine residency faculty loan repayment. In 2018-19, the state generously

funded an additional $225,000 to allow each of the ten programs to provide a faculty loan repayment award. These funds provide ten awards of $45,000 and the faculty receiving the awards commit to two years on faculty at the residency. Since inception of this program, five new physician faculty were recruited and 27 were retained (junior faculty with school debt are retained in their faculty positions by the award). This program is valuable to the programs and highly regarded by their directors as a tool to enhance the quality and productivity of their faculty. It provides a tool to augment their faculty recruitment efforts and to retain their junior faculty who otherwise may be lured away to a higher-paying clinical job.

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

An ongoing challenge to primary care access is 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, therefore, 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 and well spent 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 Accountable Entities project. As described in the Strategic Plan, the Colorado family medicine residencies train on the forefront of health care delivery trends on advanced primary care delivery. Graduates of the programs must be fully prepared to practice in a patient-centered, integrated care delivery environment. A grant from the Colorado Health Foundation enabled the Department of Family Medicine, HeathTeamWorks, and COFM to collaborate on a statewide PCMH project through 2017. All ten residency programs train to an advanced primary care model, focusing on value based care delivery and population based health outcomes.

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 and primary care friendly policy.

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.

	CAFMR Recruitment Data 2010-2020									
	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Recruitment Events Attended	29	39	33	33	29	21	13	16	17	16
Students Interviewed	351	400	471	415	456	446	409	462	574	508
Number of Interviews*	902	983	1130	925	868	869	831	923	1002	1047

*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

Donna Marshall
Congressional District #1
3465 S. Poplar Street, #503
Denver, CO 80224
Phone: 303-829-08881
donnamrshl@gmail.com

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

Ricardo Velasquez, MD
Congressional District #3
117 San Juan Avenue
Alamosa, CO 81101
Phone: 719-587-1000
velasquezr.rv7@gmail.com

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

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

***Elin Kondrad, MD**
St Joseph Hospital Family Medicine
Residency Program
1960 Ogden Street, Suite 490
Denver, CO 80218
Phone: 303-318-3205
elin.kondrad@sclhealth.org

Susan Wheelan
Congressional District #5
7975 Orchard Valley Path Road
Colorado Springs, CO 80919
Phone: 719-575-8678
susanwheelan@elpasoco.com

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, Rm 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

***Sabrina Mitchell, DO**
St. Mary's Family Practice Center
1160 Patterson Road
Grand Junction, CO 81506
Phone: 505-360-8817
sabrina.mitchell@sclhealth.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 (Board Chair)
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

***Richard Sundermyer, MD**
HealthOne Family Medicine Residency
1411 S. Potomac, Suite 330
Aurora, CO 80012
Phone: 720-874-2411
Richard.sundermeyer@healthonecares.com

***Scott Robinson, DO**
Peak Vista Family Medicine Residency
2828 International Circle, #260
Colorado Springs, CO 80910
Phone: 719-632-5700
Scott.Robinson@peakvista.org

*Indicates residency program directors

COVID 19 Pandemic & Family Medicine Pandemonium

100% Residency Programs and Patient Care Impacted

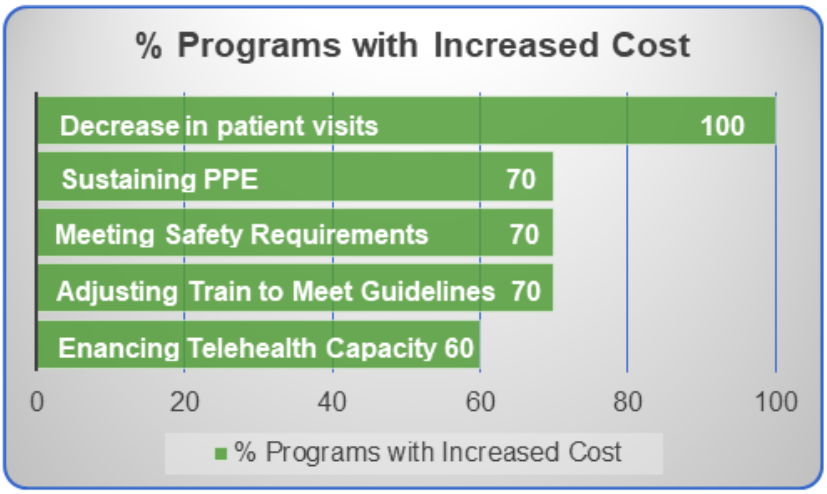
Resident Physicians stepped up

- Support for inpatient intensivists increasing ability to manage more patients
- Caring for patients directly on floor and ICU
- Prep residents to be surge-ready
- COVID specific team delivering 25% of care at one point in time
- Redeploy residents to COVID step down unit

Primary Care physicians, and specifically family medicine in Colorado, are uniquely capable to assist and adapt to patient and community needs. They train and practice in clinics, ICUs, critical care units, long term care centers, public health, research, and community settings like homeless shelters, free clinics, public events, and school districts.

Residents Benefit Communities

- If residency programs weren't here, access to PC is more difficult
- Enhance safety net capacity
- Direct patient care provided to average **105,000** individual patients annually
- Free outreach and care throughout year
- Expose FM docs to rural and underserved practice
- Increase in community support via clinic food pantry



"Family Medicine resident teams provided ICU coverage and floor coverage specifically to care for COVID patients"

COLORADO COMMISSION ON FAMILY MEDICINE

SCHEDULES (2020 legislative reductions not reflected here)

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

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**

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**