



**STRATEGIC PLAN: FY 2021-2022**

**Commission on Family Medicine**

# TABLE OF CONTENTS

## STRATEGIC PLAN: FY 2021-2022 Commission on Family Medicine

<b><u>Section</u></b>	<b><u>Page</u></b>
Introduction	1-4
Statutory Authority	4
Organizational Chart	1
Mission Statement	1
Vision Statement	1
COVID-19 Impact on Family Medicine Resident Physician Training	4
Core Goals, Objectives and Performance Measures	5-9
<i>1. Train family medicine residents in Colorado</i>	5-6
<i>2. Prepare family medicine residents to provide health care         in advanced primary care practices to meet the future         needs of Colorado citizens</i>	6
<i>3. Address the need for primary care physicians in Colorado</i>	6-8
<i>4. Contribute to Colorado's patient care safety net</i>	9
Family Medicine Residencies response to COVID-19 Pandemic	10
Family Medicine Impact on Primary Care, and proposed cuts impact	11

## 2021-22 Strategic Plan Commission on Family Medicine

### Introduction

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 to practice in an ever-changing, dynamic environment. This plan ensures that residency programs are responsive to changes in the fundamental way that health care is being delivered, the ongoing need for primary care in rural and underserved communities in Colorado, and the impact of industry developments like payment reform and health crises. 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.

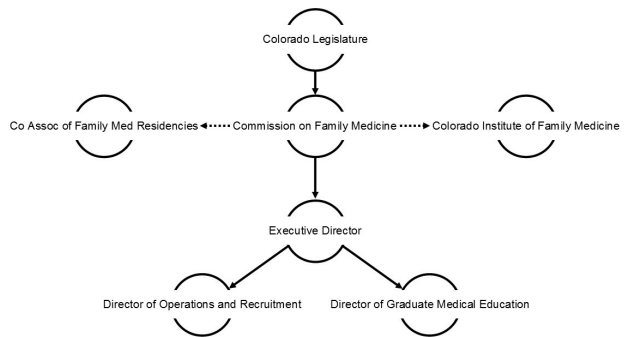
The Commission on Family Medicine: *Our vision* is to promote high quality health care for all Coloradans by enhancing access to primary care, including rural and underserved communities, through the training of exceptional family physicians.

*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 directly to the people of Colorado. Ten unique health care facilities form 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 vital role and participation 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. The Commission epitomizes what can be achieved when vision embodies a spirit of cooperation and teamwork.



The Commission, established in 1977, addresses Colorado's need for primary care by:

- ✓ Assisting in obtaining state support for family medicine residency training
- ✓ Promoting collaboration between the state's family medicine residencies and consumers of health care to address Colorado's need for family physicians; including:
  - A national, state and regional recruitment program
  - Rural rotations and training tracks growth and development
  - Professional development and education for the Colorado primary care community
  - 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, implement unique experiences for resident physician training, and share expertise between programs. Defying the norm of competition among residency programs, Colorado collaborates and thereby avoids replication of efforts, and reduces the cost of recruitment and resource development costs.

#### *Contributors to Colorado's Patient Care Safety Net*

Family medicine residency programs and their resident physicians play a vital role as providers of primary care to underserved and vulnerable populations. Their training centers are part of Colorado's patient "safety net". COFM data indicate that in 2019-20, 71% of the 88,047 (numbers down about 20% due to COVID-19 pandemic) patients served by the family medicine residencies were Medicaid (43%), Medicare (17%), or uninsured (10%). Both Medicaid and uninsured numbers are up over last year. It is worth noting that resident physicians practicing at Denver Health saw an additional 34,000 patients with a higher percentage of Medicaid and uninsured. Without the presence of the family medicine residencies, access for Medicaid, Medicare, and uninsured populations would further erode.

#### **Initiatives and Services**

*Rural Rotations and Rural Training Tracks (RTTs).* All family medicine resident physicians in Colorado are required to complete a minimum of a one-month rotation in a rural location as part of their training. The intent of this COFM facilitated experience is to increase a resident's propensity to choose to practice in a rural community after completing their training.

In 2013, COFM, with state support, expanded Rural Training Track sites from one (Wray) to four (Alamosa, Ft. Morgan, Sterling) where resident physicians are hosted for their last two years of training. Those physicians completing training in a rural community are more likely to remain in rural practice after training. (Keeping Physicians in Rural Practice, AAFP Position Paper, 2013).

*Advanced Primary Care Model Implementation.* Advanced primary care has taken on several forms since COFM worked with the Colorado Health Foundation to certify the programs in Patient Centered Medical Home in 2017. COFM uses the learning collaboratives established during the PCMH process to expose the programs and the larger primary care community to innovations, best practices, and trends. Social determinants of health, community engagement, behavioral health integration, and diversity-equity-inclusion are some of the subjects brought forward in current times. Networked sharing remains a key component of COFM's mission.

*Graduate Medical Education Payment Reform.* Medicare GME payments are an important source of funding for residency training in all states. In the current structure, imbalance in federal funding supports the training of less primary care physicians and more sub-specialists. Current CMS regulations inhibit the expansion of family medicine training positions in our state; COFM takes an active role in educating policymakers regarding the necessity to reform the GME payment system in order to build a sufficient primary care physician workforce nationally, through several channels:

- Annual convenings of experts in GME policies, programming and funding to address potential action for change to existing guidelines and requirements in the interest of primary care
- Facilitate a state-based network of GME experts to share best practice and address state level change
- Conduct research designed to inform the GME reform movement

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 and Family Medicine Resident Physician Training**

As it did in many aspects of our communities, COVID-19 impacted family medicine training in Colorado and nationally. So, in addition to the ongoing challenges that family medicine, Colorado resident physician training programs were affected in various ways.

- Rapid conversion to virtual patient visits
- Patient visit rotation restrictions (extended care, rural rotations, community work, etc.)
- Treating hospitalized patients with COVID-19, or covering other inpatient call, etc.
- Disrupted training providing challenges to meeting requirements for graduation
- Incurring risk that all physicians and healthcare workers face to continue delivering patient care during the pandemic
- All recruiting and interviewing of medical students moved to virtual platforms

Ongoing challenges:

- Physicians choosing primary care
  - Underfunding: for residents, physicians in practice, faculty
  - Physicians choosing rural/underserved practice
1. *Recruiting and training sufficient numbers of family physicians to meet the primary care needs of the state.* A 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, especially in under-resourced communities.
  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 professional isolation, spousal satisfaction and long-term commitment to rural medicine. 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 family physicians no longer practice full-scope primary care as they were trained, 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 over 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) retain graduates to practice in Colorado, especially rural and underserved areas, 3) assure that Colorado’s family medicine residencies are of high quality, 4) recruit medical students from across the country to fill positions with high quality candidates, 5) recruit qualified faculty physicians to teach the residents. 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 where possible.

The COVID story behind the #s

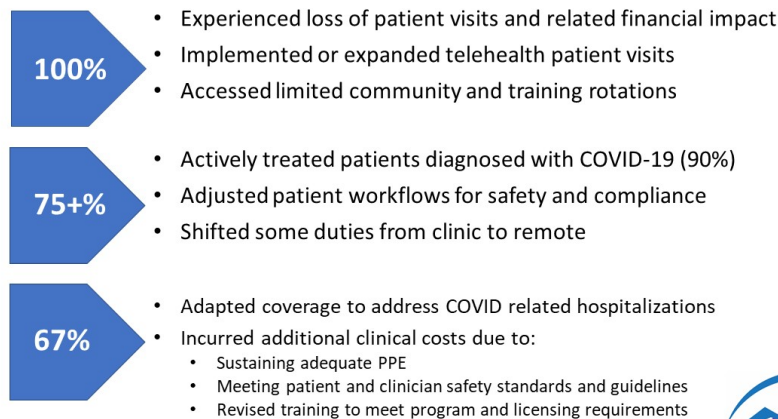
- “...if our residents weren’t here, our patients may have difficulty accessing care...”
- “Every day I see examples of our residents going above and beyond to help vulnerable patients...doing a home visit...connecting severely depressed pregnant patient with community resources...”
- Residents setting up and contributing to patient care in ICU and COVID units

**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).

**COVID-19 Impact on Family Medicine Resident Physician Training**

The impact of the pandemic on the residency programs is worthy of mention here. One hundred percent of the programs and the patients they serve were affected in various ways by the onset of COVID-19. Below are just a few examples:



**Core Objectives and Performance Measures with Evaluation**

*Budget reductions for 2021-22 will impact the Commission’s activities.* The COFM is committed to supporting all ten programs and the Rural Training Tracks affiliated with them equitably. The reduction will require a temporary decrease in the number of loan repayments awarded to residents committing to a HPSA area from five to one. In addition, recruitment activities and learning collaboratives will be impacted. Because of the movement to virtual events, these areas will take the majority of the budget cuts for this fiscal year. Any additional reductions required will impact the number of resident physicians practicing and completing their training in Colorado, reducing the number of physicians with potential to practice in rural/underserved areas.

Regardless of the impending budget reductions, the core objectives of the Commission on Family Medicine remain the same and 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 quality medical students from across the country to train and practice in one of Colorado’s family medicine physician residency programs

<b>Performance Measure</b>	<b>Outcome</b>	<b>FY 17-18 Actual</b>	<b>FY 18-19 Actual</b>	<b>FY 19-20 Actual</b>	<b>FY20-21 Proposed</b>
<b>Fill 100% of available training positions annually</b>	Benchmark	100%	100%	100%	100%
	Actual	100%	100%	100%	100%

Strategies:

- All family medicine residencies partner to recruit medical students nationally through COFM staff representation, joint promotional materials, and digital presence, and equally sharing recruitment costs
- Participate in 12+ recruitment events nationally; target medical schools with high percent of students historically selecting family medicine
- Pursue engagement with CU School of Medicine, Rocky Vista University of Osteopathic Medicine, & family medicine interest groups nationally, including those in rural tracks
- Residencies host select students for 4th-year clerkships to experience family medicine residency training in Colorado

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

<b>Performance Measure</b>	<b>Outcome</b>	<b>FY 17-18 Actual</b>	<b>FY 18-19 Actual</b>	<b>FY 19-20 Actual</b>	<b>FY20-21 Actual</b>
<b>Program Director positions open more than 12 months</b>	Benchmark	0	0	0	0
	Actual	0	0	0	0

<b>Performance Measure</b>	<b>Outcome</b>	<b>FY 17-18 Actual</b>	<b>FY 18-19 Actual</b>	<b>FY 19-20 Actual</b>	<b>FY20-21 Actual</b>
<b>Faculty physician positions open more than 12 months</b>	Benchmark	0	0	0	0
	Actual	3	4	3	3

Strategies:

- Optimize continued state funds allocated to the CDPHE Primary Care Office loan repayment program to recruit new and retain faculty physicians
- All family medicine residencies partner & share expense to recruit directors/faculty
- Maintain a joint digital presence; post faculty vacancies, proactively market to national, regional and, local audiences, and recruit virtually
- 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:

- fill all available training positions with high quality medical students
- maintain a full complement of faculty physicians and program directors to teach and lead
- maintain full accreditation for the programs

We closely track the outcome of the faculty loan repayment program administered jointly with CDPHE. To date, the awards have been used to recruit or retain 26 faculty across

**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 committed to executing advanced primary care delivery models, including care coordination and behavioral health services.

Performance Measure	Outcome	FY 17-18 Actual	FY 18-19 Actual	FY 19-20 Actual	FY20-21 Actual
# of residencies providing care coordination services	Benchmark	9	9	10	10
	Actual	9	10	10	10

Strategies:

- Each residency program will train in advanced primary care best practice emphasizing coordinated, integrated care in practice
- Each program has staff and/or faculty to support and coordinate quality improvement projects.

Evaluation of Success in Meeting Benchmarks:

Semi-annual learning collaboratives involving all programs are conducted. Several networking groups meet regularly to share best practice and program expertise (quality improvement, behavioral science, education and curriculum, program coordinators, program directors).

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

Objective 1: Increase the supply of family physicians in Colorado

Performance Measure	Outcome	6/30/18 Actual	6/30/19 Actual	6/30/20 Actual	6/30/21 Proposed
Annually retain 60% of graduating residents	Benchmark	60%	60%	60%	60%
	Actual	71%	57%	63%	Pending

The number of graduates retained in the state this year was 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. According to CDPHE database information, since 1979, over 52% of Colorado residency program physician graduates are currently in Colorado.



Performance Measure	Outcome	7/1/18 Actual	7/1/19 Actual	7/1/20 Actual	7/1/21 Proposed
<b>Number of residents in new training positions</b>	Benchmark	10	16	16	16
	Actual	10	16	16	16

Five additional positions: In 2015-16, the Colorado General Assembly allocated \$2.7M to add five new residency 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, 2017, 2018 and 2019. 2019 -2021 should produce ten as well. One new position: One new position was added in 2018 at UCDFMR family medicine residency program through the University of Colorado Supplemental Payment (new funding as of 2017-18). One additional resident is recruited over two years for a total of 3 resident physicians-in-training (one in each class), yielding one new graduate per year as of 2021.

Performance Measure	Outcome	7/1/18 Actual	7/1/19 Actual	7/1/20 Actual	7/1/21 Proposed
<b>Number of graduates with 3-year loan repayment awards</b>	Benchmark	10	15	15	15
	Actual	15	16	19	Pending

Funding for the five new positions (est'd. 2015-16) include loan repayment awards in exchange for a three-year commitment to practice in rural/underserved areas of Colorado upon completion of training. In the first two years of this funding, eight graduates received awards to practice in a Colorado HPSA site. Five awards are available each year. Four awards were disseminated in 2019-20. The 19 recipients are serving in the Denver area (10 at FQHCs), Evans (1 at FQHC), Colorado Springs (1 at FQHC), Archuleta County (2 in Pagosa Springs), Lafayette (1), Estes Park (1), and Chaffee County (1 in Buena Vista), Morgan County (1), and Pueblo (1 at Mental Health Center). Due to budget reductions, there will be just one loan award available in 2020-21.

Strategies:

- Support the five programs with an additional resident (including the loan repayment program) and the one added hosted through UCDFMR
- Inform residents of employment opportunities in Colorado; post on the COFM website
- Continue to aggressively pursue reform of federal graduate medical education (GME) funding; reform is needed to expand the number of training positions in Colorado's family medicine residency programs. COFM has worked with Colorado's federal legislators to support new rural training programs funding.
- Work closely with the Colorado Rural Health Center recruitment and placement service (CPR)
- Inform residencies of employment opportunities as they are identified

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

Performance Measure	Outcome	6/30/18 Actual	6/30/19 Actual	6/30/20 Actual	6/30/21 Proposed
<b>30% of graduating residents working in CO opt for rural or urban underserved area</b>	Benchmark	30%	30%	30%	30%
	Actual	41%	44%	36%	Pending

Strategies:

- Maintain the rural training tracks in Alamosa, Fort Morgan, Sterling, and Wray
- Continue 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 resident graduates who go on to practice in HPSA sites
- Recruit nationally at medical schools with an emphasis on rural medicine
- Support implementation of 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.

<b>Performance Measure</b>	<b>Outcome</b>	<b>7/1/17 Actual</b>	<b>7/1/18 Actual</b>	<b>7/1/19 Actual</b>	<b>7/1/20 Actual</b>
<b>Number of accredited Rural Training Tracks</b>	Benchmark	4	4	4	4
	Actual	4	4	4	4

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).

<b>Performance Measure</b>	<b>Outcome</b>	<b>7/1/17 Actual</b>	<b>7/1/18 Actual</b>	<b>7/1/19 Actual</b>	<b>7/1/20 Actual</b>
<b>Number of positions filled in Rural Training Tracks</b>	Benchmark	7	13	19	19
	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 (3 in Wray, 4 in Alamosa, 4 in Sterling, and 2 in Ft. Morgan). In July 2018, all seven first-year positions filled for a total of 19 residents-in-training (3 in Wray, 6 in Alamosa, 6 in Sterling, 4 in Ft. Morgan). The first RTT residents graduated in June 2019. In July 2020, all 19 training slots were filled.

Strategies:

- Assist the RTTs in their recruitment efforts at regional and national level
- Educate medical students in the rural tracks of CU School of Medicine, RVU College of Osteopathic Medicine, and nationally, about the RTTs in the state and encourage rotations
- Oversee the continued success of the three new RTT sites
- Optimize 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:

COFM strives to increase the number of family physicians in Colorado, especially in rural and urban underserved areas by adding to the number of family medicine physician trainees and residents choosing to practice in the state, as well as enhancing the number of graduates who practice in areas designated as rural or underserved or place in the four 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 patient care

<b>Performance Measure</b>	<b>Outcome</b>	<b>FY 17-18 Actual</b>	<b>FY 18-19 Actual</b>	<b>FY 19-20 Actual</b>	<b>FY 20-21 Proposed</b>
<b>60% of patients served by the FM residencies covered by Medicare, Medicaid, or uninsured</b>	Benchmark	60%	60%	60%	60%
	Actual	66%	62%	71%	Pending

Strategies:

- Residency programs continue to provide care for patients who are uninsured, underinsured, and on Medicaid and Medicare. In FY19-20, information gathered from the residency programs indicate that 71% of the 88,047 patients served by the family medicine residencies were Medicaid (43%), Medicare (17%), or uninsured (10%) 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 CMS-sponsored programs such as CPC+, to defray the cost of uncompensated patient care services

Evaluation of Success in Meeting Benchmarks:

Success in meeting the goal of delivering care to the underserved 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 2019-2020 year were collected from the 10 operating residency programs and is reflected here. It is expected that the trend of exceeding the 60 % benchmark will continue.

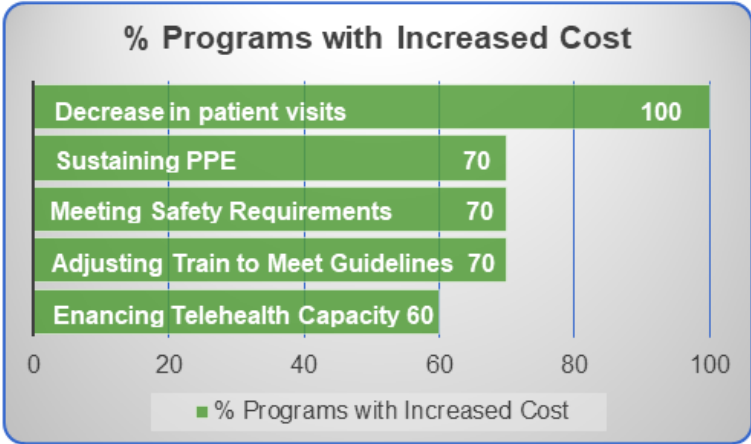
# COVID 19 Pandemic & Family Medicine Pandemonium

**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.

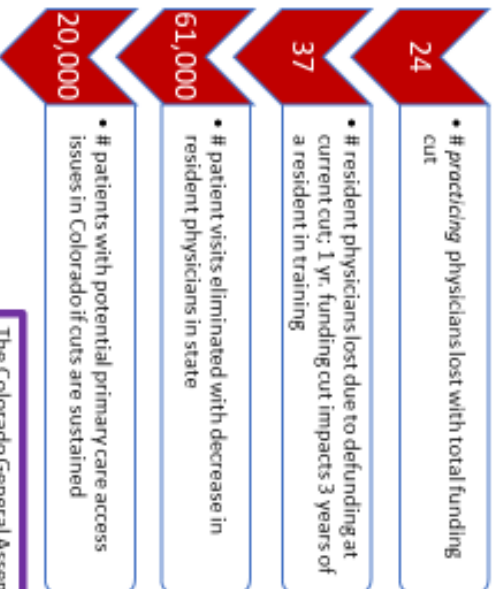


*“Family Medicine resident teams provided ICU coverage and floor coverage specifically to care for COVID patients”*



## FAMILY MEDICINE PHYSICIAN TRAINING IMPACT ON WORKFORCE AND ACCESS IN COLORADO

### By the numbers...



- The crux of the budget issue:
- Resident physicians are part of the fabric of the Colorado primary care workforce & the state's investment has paid off several fold
  - Patients are indeed impacted when residency programs have less physicians in training
  - These cuts impact not just the current year, but a minimum of three additional years of a resident physician's placement in Colorado
  - Less resident physicians mean less patient care for our most vulnerable and rural populations
  - The State gets a great value out of resident physician support

Almost 1,200 currently licensed family physicians trained in CO residency programs, over 1/3 of PC workforce.  
-CDPHE database

The Colorado General Assembly has approached the Commission on Family Medicine on multiple occasions over the last 40 years to enlist their assistance in helping to assure access to primary care in the state. **Both HCPF and CDPHE are predicting a substantial need for additional primary care providers as a result of COVID-19 impact. We are in a time where a robust primary care workforce is critical to our health and the health of our communities.** Colorado family medicine residency programs, with the state's support, contribute in a substantial way to the maintenance and growth of that workforce:

- 25 of Colorado's 64 counties have a **PCP shortage**
- **70% average** of the 106,000+ resident physician patients are **Medicaid, Medicare or Uninsured**
- Based on current data, family medicine resident physicians have the potential to **cut the shortage of primary care providers in Colorado by half**
- The numbers don't reflect the immense amount of value the resident physicians bring to their communities, their fellow physicians, their institutions, and their patients through rural training, partnerships with other learner communities and systems, and neighborhood engagement