BUDGET REQUEST: FY 2023-2024

Commission on Family Medicine

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On behalf of the Commission on Family Medicine
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TABLE OF CONTENTS

BUDGET REQUEST: FY 2023-2024
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VISION AND MISSION OF THE COMMISSION ON FAMILY MEDICINE

Our Vision

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

Convene key leaders & 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.

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 and just celebrated 45 years of serving Colorado. COFM brings together citizen representatives (consumers of health care) from Colorado's eight 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.

EXECUTIVE SUMMARY

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

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, is vital. 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 in most cases exceeding 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 of medical students into residencies and the coordination of rural rotations, thereby saving money, and avoiding duplication. Base funding allows for continued collaborative projects among the programs.

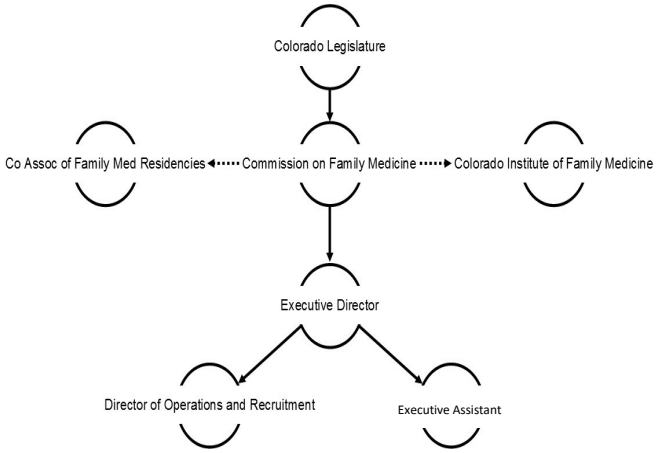
- **Additional trainees in existing programs:** Five resident positions were added to existing residency programs. Graduates commit to three years of practice in rural/underserved areas of the state in exchange for loan repayment. In addition, one new position was added to the University of CO program.

Recent increases in COFM funding have added to the number of family physician graduates by 12. Rather than 68 graduates per year, the residencies now 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 to accommodate the minimum of three years of funding for trainees to complete training. Reduction or elimination of funding results in no increase in primary care physicians where improved access and health care are critical. 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 legislature and the governor's office to address primary care physician shortages in rural and underserved areas is a stellar example of a state training physician workforce to meet the needs of its citizens.

PROGRAM DESCRIPTION

Organizational Chart

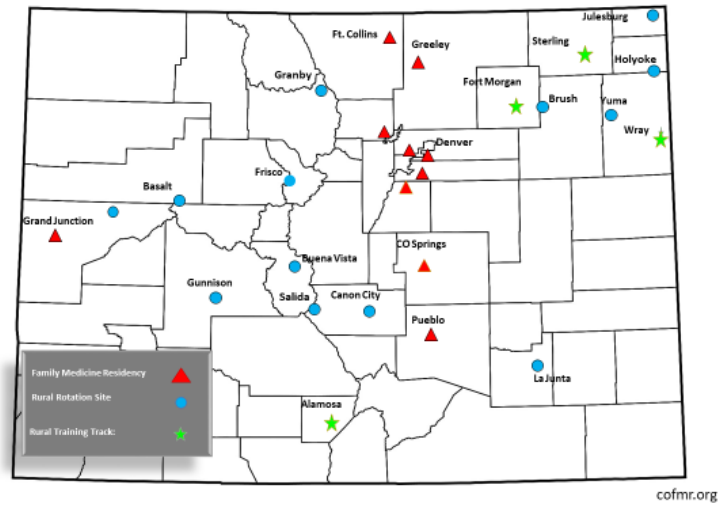


The Long Bill reports 0.0 FTE for the Commission on Family Medicine (COFM). COFM does not have statutory budget authority, therefore, the staff are employed by the Colorado Association of Family Medicine Residencies (CAFMR). CAFMR is a not-for-profit organization that supports and complements the legislative mandate of COFM. There are currently two staff members, Lynne Jones, Executive Director and Julie Herzog, Director of Operations and Programs.

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 eight congressional districts as representative 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.

Colorado Family Medicine Training Sites



BENEFITS OF COLLABORATION

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

- Yields **improved primary care physician supply and quality**
- **Enhances access** in rural areas & communities experiencing disparities
- **Exposes residents to rural practice** through a mandatory 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 **optimization** of statewide networking & best practice educational opportunities
- Allows for a **statewide view** in addressing primary care needs on issues like **equity, workforce, and social determinants** attention
- Supports programs in delivering **care to the state's most under-resourced** – Medicare, Medicaid and uninsured
- **Would cease to exist without state funding**

- **Fort Collins Family Medicine Residency** (Fort Collins)
- **North Colorado Family Medicine Residency** (Greeley; rural training tracks-Sterling & Wray; underserved urban track - Greeley's Sunrise Community Health Center-FQHC)
- **Peak Vista Family Medicine Residency** (Colorado Springs-FQHC, homeless clinic urban rotation, will close in 2024)
- **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 Medical Center of Aurora Family Medicine Residency** (Aurora)
- **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 - Fort Morgan)

Funding Overview

The Commission on Family Medicine is requesting $4,520,084 reflecting *no increase* in funding over 2022-23 fiscal.

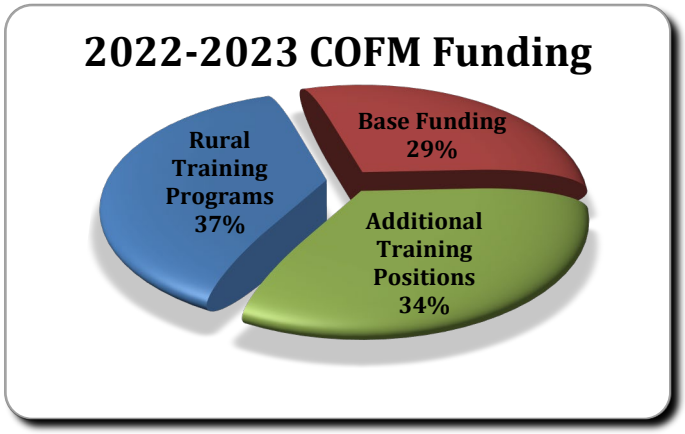
State funds allocated to COFM are matched by federal Medicaid dollars, effectively doubling the state funding. Thus, in the current budget (2022-23), the state funding is matched 50-50 in federal Medicaid funds.

Key Numbers:

- Over 50% of currently licensed CO family med physicians attended CO residency programs
- 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 practicing in CO HPSA regions and entities

State funding supports:

- Unparalleled collaboration
- Synced recruitment of medical students
- Best practice integration statewide
- Rural practice experience
- Increased potential for practice in rural and underserved areas
- Consolidated efforts to enhance diversity of physician workforce



FAMILY MEDICINE RESIDENCY FUNDING PRIORITIES

1. Base Funding ($1,670,085)
Funded incrementally since the 1970's and distributed directly to each residency program for training , collaborations and advance care delivery.

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 programs.

Each of the distinct uses of the budget line item is described in more detail in Appendix B.

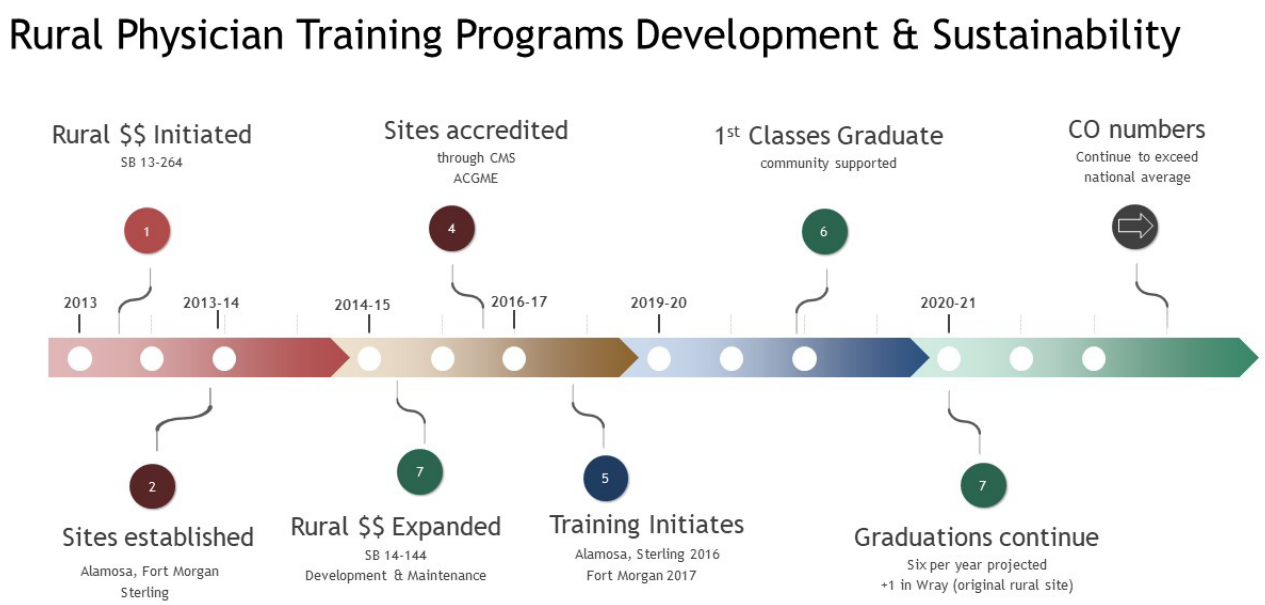
1. Base Funding to Support Training in Residency Programs.

$3,340,170 in base funding will be distributed directly from HCPF to the 10 family medicine residency programs for training expenses including but not limited to:

- Collaborative statewide recruitment of residents to Colorado
- Resident and faculty salaries
- Statewide educational programming
- Rural rotation support and coordination
- Care coordination and integrated services

Funds are used for training expenses, such as faculty and resident salaries, educational programming, rural rotation support and care coordination. COFM base funding was increased to the current level in FY 2013-14. In 2013, COFM requested an increase of $315,000 (matched by federal Medicaid dollars for a total of $630,000) to enhance care coordination in the residency programs and the recruitment program.

2. Develop and Maintain Rural Training Programs.



In 2013-14, the legislature supported establishment of three rural training programs in Alamosa, Fort Morgan and Sterling, Colorado. In 2022-23, $1,500,000 was appropriated.

State support at the current level is essential to the successful sustainability of the three rural training track programs. Each rural training track requires an average of $700,000 per year or $2,100,000 overall to train the six residents in each program. These funds subsidize support for the programs and confirm continued support from rural hospital administrations that would likely discontinue hosting 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 of state funds (matched by federal Medicaid funds for a total of $2,700,000) allows for an expanded number of training positions in existing programs and to provide loan repayment awards for graduates to practice in rural and underserved areas upon graduation.

Additional Resident Project progress to date:

Twenty-four 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
Mt. San Rafael Hospital	Mt. San Rafael Hospital	Trinidad	Las Animas	Rural	81082
Blue Spruce Clinic	Salud Family Health Centers	Fort Collins	Larimer	Urban	80524
Union Square Plaza at JCMH	STRIDE Community Health Center	Lakewood	Jefferson	Urban	80401

In 2017, one additional resident slot was allocated 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 for 2020-21 but was restored for 2021-22.

Programs and Operations Overview

Introduction

COFM's structure does not include "divisions" or "programs" in the formal definition used by OSPB. The three programs" described below highlight how the state funding flows to each of the Commission's projects and activities.

Total appropriations for FY 2023-2024 (state funds + federal Medicaid match): $9,490,170

1) Residency Training in Existing Programs: $3,340,170
2) Develop and Maintain Rural Training Programs: $3,000,000
3) Addition of Five Training Positions: $2,700,000

Below is a summary of the three funding streams for family medicine residency training in Colorado with requested 2023-24 funding.

Base Funding ($1,670,085)	Rural Training Track ($1,500,000)	Added Resident Positions ($1,350,000)
• Distributed from HCPF to programs • Supplements Medicare GME and other funding sources & patient revenue to defray expense of resident training • Peak Vista (Colorado Springs) and HealthOne at Aurora became accredited programs in 2018 • 2018- 2019: request for additional $607,302 ($303,651 Medicaid GME match of state funds) to support two additional programs • 2022-23: No additional funds were requested.	• Initiated in SFY 2014-15 • Tracks established in Alamosa, Fort Morgan, Sterling • Six graduates/ year upon full ramp up • Rural trained residents highly likely to practice in rural areas (approximately 60%) • Rural training requires sustained support and investment for training and retention • Rural "pathway" is established through medical student recruitment from University of Colorado and Rocky Vista University and other medical schools across the country	• Initiated in SFY 2015-16 • 5 programs added additional position each • Programs successfully graduated first cohort of 5 residents in 2017-18 • Residents commit to 3 years of practice in rural/underserved communities in exchange for loan repayment support • Loan repayment recipients currently practice in: Adams, Arapahoe, Archuleta, Boulder, Chaffee, Denver, El Paso, Larimer, Morgan, Pueblo & Weld counties

More detail is available in Appendix A

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 resident participation 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 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	3%
d)	Staffing the Commission	12%
e)	Coordination of Activities with Residencies	15%
f)	Collaboration with CU School of Medicine and Rocky Vista University of Osteopathic Medicine	4%
g)	Partnerships with Community Organizations	6%
h)	Research Activities	2%
i)	Management and Administration	18%

a) Rural/Underserved Training: Family medicine residents in Colorado complete a minimum month-long rotation at a rural or underserved clinical site designed 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, evaluates 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/Kremmling, Holyoke, La Junta, Rifle, Yuma, and Salida. For the minority of residents not able to commit to the 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.

From a Rural Training Track Clinic:

Our rural training track has trained physicians who have gone to practice almost entirely in rural communities, including Wray, Brush and Sterling Colorado.

The Colorado rural training track programs have provided an invaluable education and increased access to primary care to the rural populations. These physicians not only increase access to general primary care, but also can provide maternal care and preventative care screenings within the communities they serve and are more likely to work in rural communities after residency.

-Jeff Bacon, MD Sterling

The ED and staff also commit substantial time monitoring funding, orienting new site personnel and serving as a resource to the three rural training track programs as well.

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 10 VIRTUAL residency fairs and other recruitment 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 and program directors pool their recruitment efforts to attract and retain faculty challenging (See the Hot Issues section below for a more detailed explanation.). This has increased staff duties for promoting faculty position opportunities through the COFM website, contact 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 collaborates with the Primary Care Office to facilitate its faculty loan repayment awards.

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.

c) Placement of Graduates: Staff extensively supports placement of graduates in Colorado. 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 number of recruitment opportunities each year, both virtually and in person. 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: Duties in support of the COFM's work 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: Networking and co-learning opportunities for residency staff groups across the state are some of the most valued activities that COFM provides in the form of information exchange, education and camaraderie among the programs. The Commission staff facilitate over 30 activities annually, including: the Rocky Mountain Research Forum (approximately 100 attendees), the Primary Care Innovation Collaborative (approximately 80 attendees), the New Faculty Development Program, bi-annual leadership workshops for chief residents, periodic networking activities within different residency roles, and an annual program directors retreat.

f) Collaboration with CU School of Medicine and Rocky Vista University (RVU) College 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 a variety of other community based and workforce entities.

h) Research Activities: Scholarly work is a key component and mandatory requirement for all family medicine residents. COFM interfaces with the programs through activities such as 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, monitoring financial investment and return of programs, documenting the value of rural rotations for resident physicians, assessing the programs' capacity to meet the needs of delivering access, 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, grant writing, and operational duties.

Productivity Report

COFM's structure and relationship to the family medicine residencies are aligned differently than the 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 Medical Student Interview Data
2010-2021

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Recruitment Events Attended	29	39	33	33	29	21	13	16	17	16	10
Students Interviewed	351	400	471	415	456	446	409	462	574	508	472
Number of Interviews*	902	983	1130	925	868	869	831	923	1002	1047	

Hot Issues Impacting Family Physician and Primary Care Training

Recruiting and interviewing medical students continues to be both a challenge and an opportunity nationally and in Colorado as most interviews are again virtual this year. Recognizing the glaring inequities and disparities made apparent during the pandemic drove all ten residency programs to engage in diversity, equity, and inclusion work in its broadest sense (geographic, ethnic, racial, disability, gender, economic status, etc.) as a result of the injustice and lack of representation in medicine displayed across the board. This work, however, is a marathon, not a sprint, and intentional efforts continue across the state.

Recent priorities identified needs to be addressed, however, traditional challenges in training and recruiting quality family physicians are still very much present. A few of these are highlighted here.

Social Justice and Diversity, Equity, and Inclusion in Healthcare

Proactively taking on pursuit of family medicine residency candidates who are members of "underrepresented in medicine" populations is a priority for COFM. Several intentional actions are in place to address this priority:

- Revision of candidate assessment and interviewing processes
- All programs interview virtually as required by the governing bodies address bias in the selection process, and relieve some of the financial burden on medical students applying for residency
- All COFM training, strategic planning, and staff development is built with an equity lens
- COFM staff, board members, and training physicians participate actively in efforts to reduce disparities and achieve equity, for their patients, profession, and organizations.

One resident physician completed training and initiated the first LGBTQI+ fellowship in partnership with Denver Health and has since joined the faculty at North Colorado Family Medicine in Greeley.

Below is a chart noting the ethnic/racial percentage for the past 8 years of medical student interviews. It should be noted that all 2021 recruitment events and interviews were virtual due to the pandemic. Also of note is that the average percentage of URM residents has increased since the inception of the activities note above and the initiation of the additional residency slots loan repayment award for practice in HPSA areas.

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
American Indian	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	8%	16%	10%	11%	8%	11%	13%	18%	12%
African American	2%	2%	2%	2%	2%	4%	6%	2%	1%
Hispanic	4%	5%	6%	5%	5%	11%	16%	10%	10%
Caucasian	85%	76%	81%	81%	84%	73%	64%	77%	76%

Sustainable Funding for Training Primary Care Physicians

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

- Patient Revenue**:** Residents in primary care specialties like family medicine are required to complete most of their training in outpatient clinics. Reimbursement rates for care provided in outpatient settings, (management of chronic conditions, preventive care, etc.) are considerably lower than that of hospital-based medical specialties. In addition, many patients seen by residents are uninsured, or covered by Medicaid or Medicare, which pay less for services than commercial insurance. Due to these limitations, revenue from patient care in family medicine residencies covers only about half of the cost of operating.
- Medicare GME Payments: These payments from the federal government cover about one-third of the costs of training. 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. Colorado's community-based program, Peak Vista, does not have that hospital support and, due to financial challenges, will close its doors in 2024. Efforts to recruit a new sponsor are ongoing.

Although primary care physicians provide most of the 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 can 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 coordinated a "GME Summit" in Washington, D.C. and continues to convene subject matter experts committed to GME reform. These events, funded 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 auspices of COFM.

Challenge of Recruiting and Retaining Qualified Family Medicine Faculty Physicians

The vacancies in faculty physician positions in Colorado's family medicine residencies have increased in recent years. Currently three faculty positions have been vacant for over 12 months. The recruitment and retention of faculty physicians has become more challenging for three reasons.

1. First, fewer practicing family physicians do full-spectrum care, to include OB and inpatient medicine. In contrast, residency programs are required to teach all aspects of family medicine. Programs seek faculty capable of teaching ambulatory care, inpatient medicine, as well as OB.

2. 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.

3. 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 do all the work of a solely practicing physician plus provide hospital care and often 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, ten new physician faculty were recruited and 37 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.

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 and lack of diversity of PCPs is well documented.

There is recent energy at the federal level to support growth of rural medicine training and practice and COFM is staying current on those efforts. In addition, there are added requirements for family medicine resident physicians to participate in community engagement as part of their training.

Training family physicians in rural areas where they are more likely to remain after graduation, is a documented strategy for retention, and so 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.

COFM is active in several workforce development and pathway strategies being implemented in the state. One of the benefits of the pandemic has been the influx of funding, albeit short term, for addressing systemic and infrastructure change. COFM hopes to be an integral player in addressing workforce issues in healthcare and thereby impacting physician access in communities where they are most needed.

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.

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*Indicates residency program directors

SCHEDULES (2021 legislative reductions not reflected here)

Commission on Family Medicine Residency Training Programs

HB18-1322 FY 2018-19 Long Appropriation Act	$8,196,518	0.0	$4,098,259	$0
FY 2018-19 Final Appropriation	**$8,196,518**	**0.0**	**$4,098,259**	**$0**
FY 2018-19 Final Expenditure Authority	**$8,196,518**	**0.0**	**$4,098,259**	**$0**
FY 2018-19 Actual Expenditures	**$8,196,518**	**0.0**	**$4,098,259**	**$0**
FY 2018-19 Reversion (Over expenditure)	**$0**	**0.0**	**$0**	**$0**
FY 2018-19 Total All Other Operating Allocation	***$8,196,518***	***0.0***	***$4,098,259***	***$0***

Commission on Family Medicine Residency Training Programs

HB18-1322 FY 2018-19 Long Appropriation Act	$8,196,518	0.0	$4,098,259	$0	$0	$4,098,259
FY 2018-19 Final Appropriation	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
FY 2018-19 Final Expenditure Authority	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
FY 2018-19 Actual Expenditures	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
FY 2018-19 Reversion (Overexpenditure)	**$0**	**0.0**	**$0**	**$0**	**$0**	**$0**
FY 2018-19 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

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**

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						
HB18-1322 FY 2018-19 Long Appropriation Act	$8,196,518	0.0	$4,098,259	$0	$0	$4,098,259
FY 2018-19 Final Appropriation	**$8,196,518**	**0.0**	**$4,098,259**	**$0**	**$0**	**$4,098,259**
FY 2018-19 Final Expenditure Authority	$8,196,518	0.0	$4,098,259	$0	$0	$4,098,259
FY 2018-19 Actual Expenditures	$8,196,518	0.0	$4,098,259	$0	$0	$4,098,259
FY 2018-19 Reversion (Overexpenditure)	$0	0.0	$0	$0	$0	$0
FY 2018-19 Total All Other Operating Allocation	*$8,196,518*	*0.0*	*$4,098,259*	*$0*	*$0*	*$4,098,259*

Appendix A - Additional Program Funding Background and Detail

Base Funding

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.

- 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 was 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 requested and maintained 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. We anticipate the closure of the Peak Vista program in 2024. Discussions are being planned to determine the course of action for appropriate placement of those allocated funds.

Rural Training Funding History
Rural Training Program Development and Maintenance

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.

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

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.

New training positions funding background
Five Additional Training Positions

COFM is actively engaged with this 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

Thirty-five additional residents have started training (five each in July of 2016 through 2022). In addition, nineteen graduating residents received loan repayment awards in return for a three-year service commitment at Colorado HPSA sites.

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 North (Westminster), St. Joseph Hospital (Denver), St. Mary's (Grand Junction), and the University of Colorado program (Denver).

APPENDIX B:
Commission on Family Medicine History Timeline

Date	Colorado Commission on Family Medicine Milestones
1977	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.
1980	COFM establishes rural rotation requirement for all family medicine residents in Colorado.
1988	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.
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.
1993-95	First COFM Executive Director. General Assembly requested study on current/future FM physicians need. Incorporation of CO Family Practice Director's Council; began developing CAFMR program networking.
2000s	Match results: national 79%, CO 90%. Joint recruitment policy and program contributions approved. State funds distributed directly to programs with combined line item, funds matched. Developed recruitment strategy.
2007	CO Institute of Family Medicine established, a 501c3 for grants (PCMH transformation, offset rural rotation expenses). Focus: innovation/reforming Medicare GME to support primary care. 60% resident retention.
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.
2013	Developed 3 new rural training tracks (Alamosa, Fort Morgan, Sterling), resulting in 6 additional resident graduates per year
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 to COFM.
2016	New FMRs: HealthOne, Lone Tree; Peak Vista, Colorado Springs, 16+ graduates/year by 2020. GMEI consultant hired to lead GME Medicare payment reform/advocacy. Started New Faculty Development Program.
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.
2018	Two new residency programs (HealthOne, Peak Vista) officially funded. Faculty Loan Repayment Program expanded to one per residency program.
2019	Each of the RTTs and new programs graduated their first classes. Grew faculty loan repayment opportunities for all 10 programs.
2020	COVID 19 Pandemic impacted COFM budget by about 13%. All interviews, recruitment virtual, new efforts toward diversity in recruitment
2021	Resident interviews and visits still virtual, continued efforts in diversity, equity & inclusion and workforce development pursued
2022	COFM celebrates its 45th anniversary