



## **STRATEGIC PLAN: FY 2023-2024**

### **Commission on Family Medicine**

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## 2022-23 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, 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, integrated care, quality-based outcomes, population management, and enhanced patient access.

### *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.

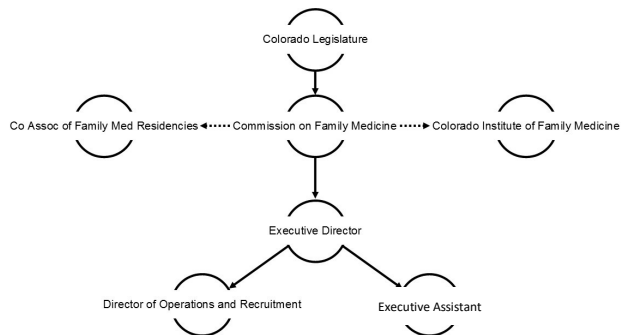
Convene key leaders & stakeholders who support family medicine training to:

- *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.

### *Our Mission*

### 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 partnership 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 nationally for graduate medical education (GME) payment reform

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 2021-22, 70% of the 108,237 patients served by the family medicine residencies were Medicaid (46%), Medicare (17%), or uninsured (8%). Medicaid numbers are up 3% over last year for the 2<sup>nd</sup> year in a row. Without the presence of the family medicine residencies, access for Medicaid, Medicare, and uninsured populations would further erode.

### **Initiatives and Services Fostered by COFM**

*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 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. This is an important part of the training as research indicates, more likely to remain in rural practice after training. (Keeping Physicians in Rural Practice, AAFP Position Paper, 2013).

*Joint Recruitment of Medical Students.* COFM's unique collaboration includes recruiting medical students into Colorado residencies at the state, regional and national levels. This allows efficiency in use of resources, and the opportunity to address COFM priorities like building a family physician base that is serving rural communities and representative of the patient populations they serve.

*Advanced Primary Care Model Implementation.* COFM uses the learning collaboratives established during the PCMH process (funded by The Colorado Health Foundation in 2017) 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 subjects brought forward in current times. Networked sharing remains a key component of COFM's mission.

It is my honor to be the current chairman of the COFM. It is difficult to really put into words what this amazing organization represents. I have never met a more dedicated, talented and decent group in my life. The residency directors are the finest PCPs in the state and are teaching the next generation of family doctors who will take care of the wonderful people here. In an environment that nationally is a competitive one, they have rejected competition in favor of collaboration. The commission has put the health of our underserved ahead of personal or organizational gain. It is beautiful to see. If all of medicine ran like this, the health care crisis would for all intents and purposes end.

Clearly the need for family doctors in underserved rural areas is self-explanatory and the paradigm of training interested young physicians in these areas serves the immediate need and the future as well. As a private practice family doctor this is what I imagine primary care to be. Dedicated, brilliant doctors doing great care, working together for the common good, and enjoying every minute of it. I cannot recommend this organization more highly.

-John McLaughlin, MD-  
COFM Chair & solo practitioner

*Graduate Medical Education Payment Reform.* Medicare GME payments are a standing source of funding for residency training nationally. In the current structure, imbalance in federal funding supports less training of primary care physicians and more for sub-specialists. Current CMS regulations inhibit the expansion of family medicine training positions in our state; COFM takes an active role through its unique position in Colorado 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.

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. In summary, for 45 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’s 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 developing and maintaining rural training programs and expanding the number of trainees in existing residency programs where possible.

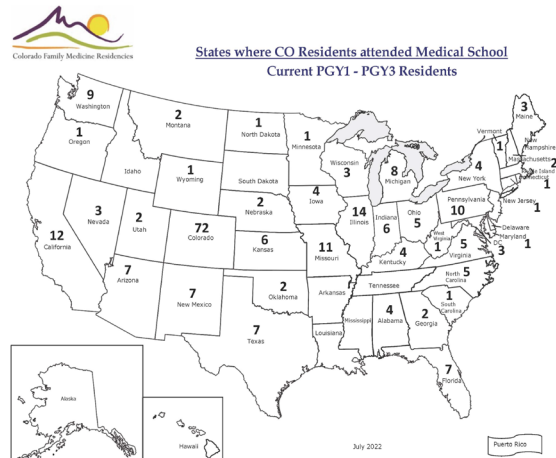
**Statutory Authority**

The statutory authority for the Commission on Family Medicine is found at Title 25-1-901 through 25-1-904, Colorado Revised Statutes (August 2013).

**Core Objectives and Performance Measures with Evaluation**

**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.



Performance Measure	Outcome	FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Proposed	FY 22-23 Actual
<b>Fill 100% of available training positions annually</b>	Benchmark	100%	100%	100%	100%
	Actual	100%	100%	100%	100%

Strategies:

- Colorado family medicine residencies partner to recruit medical students nationally through COFM staff, joint promotional materials, and digital presence, equally sharing recruitment costs
- Participate in 12+ recruitment events nationally; target medical schools with high percent of students historically selecting family medicine and underrepresented in 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 students for 4th-year clerkships to experience residency training in Colorado

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

Performance Measure	Outcome	FY 19-20 Actual	FY 20-21 Actual	FY21-22 Actual	FY 22-23 Actual
<b>Program Director positions open more than 12 months</b>	Benchmark	0	0	0	0
	Actual	0	0	0	0

Performance Measure	Outcome	FY 19-20 Actual	FY 20-21 Actual	FY21-22 Actual	FY 22-23 Actual
<b>Faculty physician positions open more than 12 months</b>	Benchmark	0	0	0	0
	Actual	3	3	2	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 resources to recruit leadership/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 priority is to train family medicine residents by:

- filling all available training positions with high quality medical students
- maintaining a full complement of faculty physicians and program directors to teach and lead

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 47 faculty across programs.

**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 integration and behavioral health services.

Performance Measure	Outcome	FY 19-20 Actual	FY 20-21 Actual	FY21-22 Actual	FY 22-23 Actual
<b># of residencies training in integrated care models</b>	Benchmark	10	10	10	10
	Actual	10	10	10	10

Strategies:

- Each residency program will train in advanced primary care best practice and community engagement toward the achievement community health outcomes.
- 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	6/30/20 Actual	6/30/21 Actual	6/30/22 Actual	6/30/23 Actual
<b>Annually retain 60% of graduating residents</b>	Benchmark	60%	60%	60%	60%
	Actual	63%	50%	46%	Pending

The number of graduates retained in the state this year was again below the 60% benchmark due to a variety of reasons including: full scope employment opportunity, cost of living in Colorado, and spouse or partner employment needs. According to CDPHE database information, since 1979, over 52% of Colorado residency program physician graduates are currently licensed in Colorado.

Retention of a portion of the base funding currently appropriated to the closing program will allow the Commission to:

- Enhance recruitment by expanding opportunities for exposure to rural and underserved practice opportunities
- Potentially support the development of an additional residency program
- Support rotation opportunities with preceptors in underresourced areas of the state

Performance Measure	Outcome	7/1/20 Actual	7/1/21 Actual	7/1/22 Actual	7/1/23 Proposed
<b>Number of residents in new training positions</b>	Benchmark	16	16	16	16
	Actual	16	16	16	Pending

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 of the 5 recruited an additional resident over 3 years. 2022 -2023 should produce ten as well. One new position: added in 2018 at UCDFMR family medicine residency (University of Colorado Supplemental Payment). One additional resident is recruited each year for 3 resident physicians-in-training.

Performance Measure	Outcome	7/1/20 Actual	7/1/21 Actual	7/1/22 Actual	7/1/23 Proposed
<b># of graduates with 3-year loan repay awards</b>	Anticipated Awards	15	15	15	15
	Actual	19	22	25	Pending

Funding for the five new positions (est'd. 2015-16) includes loan repayment awards in exchange for a three-year commitment to practice in rural/underserved (HPSA) areas of Colorado upon completion of training. Five awards are available each year. Three awards were disseminated in 2020-21. The 21 recipients are serving in the Denver area (12 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), Las Animas County (1 in Trinidad).

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 which 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)

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

Performance Measure	Outcome	6/30/20 Actual	6/30/21 Actual	6/30/22 Actual	6/30/23 Proposed
<b>30% of graduates working in CO opt for rural or urban underserved area</b>	National Average	30%	30%	30%	30%
	Actual CO	36%	44%	44%	Pending

“When the RTT was conceived and developed, one goal was to train and retain physicians to serve locally. Our first graduate, Dr. Morgan Hungenberg, stayed on as a faculty member and lives and provides care in Morgan County. We could not have asked for a better outcome, nor a more caring, active, and talented individual.” -Shaun Thompson, MD, Morgan County

Strategies:

- Sustain 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 and CHA sponsored rural focus events
- Work closely with the University of Colorado School of Medicine and Rocky Vista University College of Osteopathic Medicine to build a pathway 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

Note: Retention of base funding from closing program could support:

- Addition of a rural training program in a community experiencing shortages
- Increase rural rotation exposure and sites, enhancing resident rural practice experience
- Support for a collaboration with the Colorado Community Health Network in establishing additional Teaching Health Center training programs

Objective 3: Maintain the rural training programs in the state.

Performance Measure	Outcome	7/1/19 Actual	7/1/20 Actual	7/1/21 Actual	7/1/22 Actual
<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).

Performance Measure	Outcome	7/1/19 Actual	7/1/20 Actual	7/1/21 Actual	7/1/22 Actual
<b>Number of positions filled in Rural Training Tracks</b>	Benchmark	13	19	19	19
	Actual	13	19	19	19

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

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

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.

Objective 4. Increase the number of Under Represented in Medicine resident physicians.

COFM added an additional objective under this goal to address the disparities and lack of diversity in the medical field.

Strategies:

- Revision of candidate assessment and interviewing processes
- All programs are interviewing virtually as required by the governing bodies to assess the impact on 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.
- Address workforce and career pathways among members of rural and underserved communities through a community driven, infrastructure transformation approach

Below is a chart noting the ethnic/racial percentage for the past 9 years of residency classes. It should be noted that all 2020, 2021 and 2022 recruitment events and interviews continue to be virtual. Also of note: the average percentage of URM residents has increased since the inception of the activities noted above and the initiation of the additional residency slots loan repayment award for practice in HPSA areas. This data will serve as the performance measure for this objective.

Reported Identity	2019-20	2020-21	2021-22
Gender-Female	59.80%	49%	54.23%
Gender-Male		47%	45.38%
Transgender		1%	0.38%
Choose not to disclose		2%	0.00%
Race/ethnicity other than white/Caucasian	22.20%	16%	21.92%
Choose not to disclose		7%	0.38%
LGBTQI*	6.60%	not disclosed	8.46%
Rural practice interest	31%		29.23%
Other- person with disability	<1	0%	1.27%

#### 4. Goal: Contribute to Colorado’s patient care safety net

Objective 1: Family medicine residencies will contribute to Colorado’s safety net patient care

Performance Measure	Outcome	FY 18-19 Actual	FY 19-20 Actual	FY 20-21 Actual	FY 20-22 Actual
<b>60% of patients served by FM residencies on Medicare, Medicaid, or uninsured</b>	Benchmark	60%	60%	60%	60%
	Actual	62%	71%	68%	70%

Strategies:

- Residency programs continue to provide care for patients who are uninsured, underinsured, and on Medicaid and Medicare. In FY21-22, information gathered from the residency programs indicate that 70% of the 108,237 patients served by the family medicine residencies were Medicaid (46%), Medicare (17%), or uninsured (8%) 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 2021-2022 year were collected from the 10 operating residency programs and are reflected here. It is expected that exceeding the 60% benchmark will continue.

## Appendix A

### COFM Addresses Challenges Facing Family Medicine and Resident Physician Training

Ongoing challenges:

- Physicians choosing primary care and physician burnout
  - Underfunding: for residents, physicians in practice, faculty
  - Physicians choosing rural/underserved practice
  - Full scope practice opportunities in Colorado seem to be declining
1. *Recruiting and training sufficient numbers and diverse representation 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.
  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. Added challenges include the declining opportunities for full scope practice in rural communities and the cost of housing in many communities.
  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, although there has been a recent opportunity for hospitals to reset their caps. 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 transforms, especially in primary care, in response to community and patient need. Residents need skills to lead practices characterized by team-based, coordinated, and integrated care, quality outcome indicators, patient access, and population health. The payment system is gradually moving from volume-based to quality-based reimbursement, but the change is slow, making the financing of advanced primary care delivery an ongoing challenge.