



## **STRATEGIC PLAN: FY 2024-2025**

### **Commission on Family Medicine**

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# 2024-2025 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.

## 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.

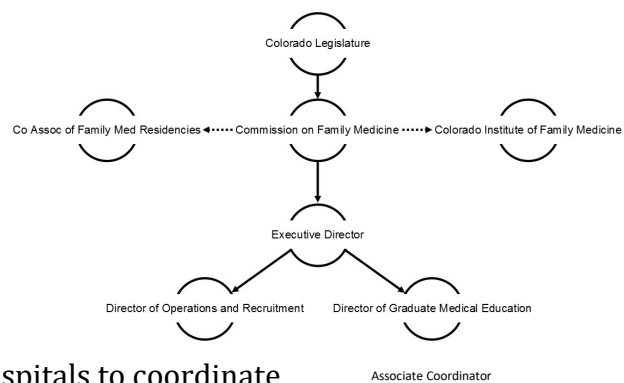
## Organizational Chart

The Commission on Family Medicine (COFM) is a collaborative model providing primary care directly to the people of Colorado. Nine unique health care facilities form a public-private partnership together with citizen representatives from Colorado's eight congressional districts.

COFM convenes the family medicine

residency programs and their sponsoring hospitals to coordinate efforts in recruiting and training family physicians to enhance

access to care in Colorado. The vital role and participation of citizen representatives from all eight congressional districts have assured that the training of family physicians aligns with the health care needs of Coloradans in their specific regions, 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.



COFM is a unique, national model. The degree of collaboration among the state’s family medicine residency programs 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 duplication 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 FY 2022-23, 67% of the 102,147 patients served by the family medicine residency programs were Medicaid (44%), Medicare (16%), or uninsured (7%). Medicaid numbers are down % over last year for the 2<sup>nd</sup> year in a row. Without the presence of the family medicine residency programs, access for Medicaid, Medicare, and uninsured populations would further erode.

**Initiatives and Services Fostered by COFM**

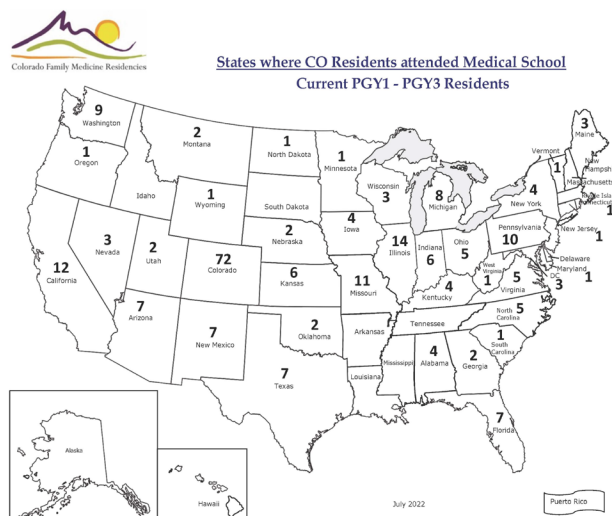
*Rural Rotations and Rural Training Tracks (RTTs)* - All family medicine resident physicians in Colorado are required to complete a minimum of a one-month rotation in a rural location as part of their training. The intent of this experience is to increase a resident’s propensity to choose to practice 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 a key part of the training as research indicates that resident physicians are more likely to remain in rural practice after training.

(<https://www.aamc.org/news/attracting-next-generation-physicians-rural-medicine> ).

*Joint Recruitment of Medical Students* - COFM’s unique collaboration includes recruiting medical students into Colorado residency programs at the state, regional, and national levels. This not only allows for a more efficient use of resources, but also provides an opportunity to build a base of family physicians to serve in rural communities and represent the patient populations they serve.

*Advanced Primary Care Model Implementation (PCMH)* -COFM uses the learning collaboratives established during the PCMH process to expose the family medicine residency programs and the broader 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. Networking remains a key component of COFM’s mission.

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 other local, regional, and national partners.

In summary, for over 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.

**Statutory Authority**

- The statutory authority for the Commission on Family Medicine is found at **C.R.S. §§ 25.5-1-601 — 25.5-1-603**

**Core Goals and Performance Measures**

The core goals COFM pursues are to:

- 1) Recruit family medicine residents to address the state’s need for family physicians;
- 2) Train family medicine residents to ensure residency programs are of high quality;
- 3) Retain graduates to practice in Colorado’s rural and underserved areas;
- 4) Contribute to Colorado’s patient care safety net

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.

**1. Goal: Recruit family medicine resident physicians to 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 20-21 Actual</b>	<b>FY 21-22 Actual</b>	<b>FY 22-23 Actual</b>	<b>FY 23-24 Proposed</b>
<b>Recruit and Fill 100% of available training positions annually</b>	Benchmark	100%	100%	100%	100%
	Actual	100%	100%	100%	Pending

Strategies:

- Colorado family medicine residency programs 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 percentage of students historically selecting family medicine and URM.

- Pursue engagement with CU School of Medicine, Rocky Vista University of Osteopathic Medicine, & family medicine interest groups nationally, including those in rural tracks.
- Residency programs 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 20-21 Actual	FY 21-22 Actual	FY22-23 Actual	FY 23-24 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 20-21 Actual	FY 21-22 Actual	FY22-23 Actual	FY 23-24 Proposed
<b>Faculty physician positions open more than 12 months</b>	Benchmark	0	0	0	0
	Actual	3	2	1.5	Pending

Strategies:

- *NEW (if funds retained): Study faculty recruitment and retention success and strategies to address gap in sustaining full faculty staffing.*
- Optimize state funds allocated to the Colorado Department of Public Health and Environment (CDPHE) loan repayment program to recruit new and retain faculty.
- Family medicine residency programs partner to recruit leadership/ faculty.
- Maintain a joint digital presence, post faculty vacancies, proactively market to national, regional, local audiences, and recruit virtually.
- Participate in faculty recruiting events (AAFP FMX and AFP Uniformed Services).

Evaluation of Success in Meeting Benchmarks:

Train family medicine resident physicians by:

- filling all training positions with high quality medical students
- maintaining a full complement of faculty and program directors to teach, lead and train.
- *Based on results of study (if funds retained); implement a minimum of 3 new strategies to retain additional faculty and recruit new faculty committed to training family physicians*

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 53 faculty across programs.

	Contract Number	Program	Start Date	End Date
Saint Joseph FMR (moved from St Anthony North FMR)	2022-3235	FLRP	2/15/22	2/14/24
Fort Collins FMR	2022-3245	FLRP	2/15/22	2/14/24
Southern Colorado FMR	2023-3535	FLRP	3/13/23	3/12/25
Fort Collins FMR	2023-3280	FLRP	2/8/23	2/7/25
St. Anthony's FMR	2022-3238	FLRP	2/15/22	2/14/24
St. Mary's FMR	2022-3237	FLRP	2/15/22	2/14/24
Fort Collins FMR	2022-3239	FLRP	2/15/22	2/14/24
Cornerstone Family Practice/Sky Ridge FMR	2022-3236	FLRP	2/9/22	2/8/24
University of Colorado FMR	2022-3244	FLRP	3/10/22	3/9/24
Southern Colorado FMR	2023-3238	FLRP	3/13/23	3/12/25
Southern Colorado FMR	2022-3243	FLRP	2/9/22	2/8/24
University of Colorado FMR	2022-3241	FLRP	2/9/22	4/3/24
St. Mary's FMR	2023-3279	FLRP	3/13/23	3/12/25
St. Anthony's FMR	2022-3242	FLRP	2/23/22	2/22/24
Fort Collins FMR	2022-3240	FLRP	2/15/22	2/14/24
North Colorado FMR		FLRP		
St. Anthony North FMR	2023-3240	FLRP	3/13/23	3/12/25

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

\*The above measure has been met. The Commission is continuing to monitor to ensure that it continues to be met.

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) recruited an additional resident over 3 years. 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.

Evaluation of Success in Meeting Benchmarks:

<b>Performance Measure</b>	<b>Outcome</b>	<b>7/1/21 Actual</b>	<b>7/1/22 Actual</b>	<b>7/1/23 Actual</b>
<b># of graduates awarded 3-year loan repayment since inception*</b>	Anticipated Awards	15	15	15
	Actual	22	25	26

\*The above measure has been met. The Commission is continuing to monitor to ensure that it continues to be met.

In FY 2015-19 when funding for the five new positions it also included loan repayment awards in exchange for a three-year commitment to practice in rural/underserved (Health Provider Shortage Areas) areas of Colorado upon graduation. Five awards are available each year and 26 have been distributed since the inception of the program. One award was made in 2022-23. The current seven recipients are serving in the Denver area (Aurora, Denver, and Westminster), Fort Collins, Fort Morgan, and Pueblo.

<b>Employer</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Rural/Urban</b>
Metro Community Provider Network-South Aurora	15132 E. Hampden Ave	Aurora	80014	Urban
Clinica Campesina/Family Health Services-Pecos	1701 W. 72nd Ave.	Denver	80221	Urban
Salud Family Health	1635 Blue Spruce Dr.	Fort Collins	80524	Urban
Salud Family Health	729 E. Railroad Ave.	Fort Morgan	80701	Rural
Clinica Campesina/Family Health Services-Federal Heights	8510 N. Bryant	Westminster	80031	Urban
Clinica Campesina/Family Health Services-Federal Heights	8510 N. Bryant	Westminster	80031	Urban
Health Solutions-Medication Assisted Recovery Center	41 Montebello Rd.	Pueblo	81001	Urban

Strategies:

- Support the five programs with an additional resident (including the loan repayment program) and the one added that is hosted through UCDFMR.
- Inform residents of employment opportunities in Colorado; post on the COFM website
- Continue to 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.
- Work closely with the Colorado Rural Health Center recruitment and placement service.



**2. Goal: Train family medicine residents to provide health care in advanced primary care practices to meet the future needs of Colorado citizens.**

*Advanced primary care is a standard of practice adopted by and consistently employed by COFM residency programs. This goal has consistently been achieved and will no longer be tracked after this fiscal year.*

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 20-21 Actual	FY 21-22 Actual	FY22-23 Actual	FY 23-24 Actual
# of residency programs training in integrated care models	Benchmark	10	10	10	10
	Actual	10	10	10	10

Strategies:

- Each family medicine residency program will train in advanced primary care best practice and community engagement toward positive community health outcomes.
- Program 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 share best practice and program expertise (quality improvement, behavioral science, education and curriculum, program coordinators, program directors).

**3. Goal: Retain family medicine resident physicians to address the need for primary care physicians in Colorado.**

Objective 1: Increase the supply of family physicians in Colorado by retaining graduating family medicine residents.

Performance Measure	Outcome	6/30/20 Actual	6/30/21 Actual	6/30/22 Actual	6/30/23 Actual
Annually retain 54% of graduates	Benchmark	60%	60%	54%	54%
	Actual	50%	46%	44%	46%

\*Based on 2022 ABFM National Resident Graduate Report state retention data;  
[https://www.theabfm.org/sites/default/files/2022%20National%20Graduate%20Survey%20Report\\_NationalOnly.pdf](https://www.theabfm.org/sites/default/files/2022%20National%20Graduate%20Survey%20Report_NationalOnly.pdf)

- *NEW (if funds retained) Conduct a comprehensive study to:*
  - *Determine what draws medical students to Colorado for residency training.*
  - *Identify optimal strategies to retain family medicine residents in Colorado.*
  - *Develop means of recruiting family physicians and residents to Colorado from underrepresented in medicine populations.*
  - *Define feasibility of new family medicine residency training programs in Colorado.*

- Expand exposure to rotation training opportunities with family physicians in under-resourced and shortage areas across the state.
- Partner with Colorado medical schools, hospital association, CDPHE, CO Rural Health Center, CAFP and other relevant entities to support physician recruitment and retention.

Evaluation of Success in Meeting Benchmarks:

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. To address this deficit, COFM proposes utilizing funds available through program closure to study solutions to achieving this metric. Notably, according to CDPHE database information, over 52% of Colorado residency program physician graduates are currently licensed in Colorado since 1979.

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

Performance Measure	Outcome	6/30/20 Actual	6/30/21 Actual	6/30/22 Actual
<b>30%*** of CO graduates opt to practice in rural area</b>	*National Average	11%	11%	11%
	Actual CO	15%	22%	27%
<b>25%*** of CO graduates opt to practice in urban underserved area</b>	**National Average	19%	18%	19%
	Actual CO	22%	20%	27%

\*2020 AAMC data: <https://www.aamc.org/news/attracting-next-generation-physicians-rural-medicine>

\*\* ABFM National Graduate Survey Report: Federally Qualified Health Centers, Government & Federal clinics

[https://www.theabfm.org/sites/default/files/2022%20National%20Graduate%20Survey%20Report\\_NationalOnly.pdf](https://www.theabfm.org/sites/default/files/2022%20National%20Graduate%20Survey%20Report_NationalOnly.pdf)

\*\*\*Estimated goals based on historic Colorado data

Strategies:

- *NEW (if funds retained): Study following potential opportunities:*
  - Increase rural rotation exposure and sites, expanding rural practice experience.
  - Explore collaboration with Colorado Community Health Partnership for rural training opportunity through Teaching Health Center funding.
- 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.
- Provide loan repayment awards for resident graduates choosing practice in HPSA sites.
- Recruit nationally at medical schools with an emphasis on rural medicine.

- Support implementation of full scope family medicine training which is the discipline standard for rural and underserved area practice preparation.
- Collaborate with the Colorado Rural Health Center’s physician recruitment and placement service, specifically by promoting the loan repayment program.

Evaluation of Success in Meeting Benchmarks:

- The number of family medicine resident graduates choosing to practice in urban underserved areas continues to increase although this is among a declining number of medical students choosing primary care. (American Medical Students Less Likely To Become Primary Care Doctors; July 2019: <https://kffhealthnews.org/news/american-medical-students-less-likely-to-choose-to-become-primary-care-doctors/>) For a variety of reasons, the number of graduates choosing rural practice is continuing to decline. (Attracting the next generation of physicians to rural medicine: <https://www.aamc.org/news/attracting-next-generation-physicians-rural-medicine>)

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

Performance Measure	Outcome	7/1/21 Actual	7/1/22 Actual	7/1/23 Actual	7/1/24 Actual
<b>Number of accredited Rural Training Tracks</b>	Benchmark	4	4	4	4
	Actual	4	4	4	4

Performance Measure	Outcome	7/1/21 Actual	7/1/22 Actual	7/1/23 Actual
<b>Number of positions filled in Rural Training Tracks</b>	Benchmark	19	19	19
	Actual	19	19	19

Strategies:

- *NEW (if funds retained): Explore feasibility of new rural training program.*
- 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 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.

**Objective 4.** Undertake increasing the number of Underrepresented in Medicine (URM) family medicine resident physicians to help assure family medicine physicians are representative of the communities and patients they serve.

Strategies:

- Revision of candidate assessment and interviewing processes.
- All medical student interviews are virtually required by family medicine governance to assess the impact on bias in the selection process and relieve some of the financial burden on medical students applying for residency.
- COFM staff, board members, and training physicians participate actively in efforts to reduce disparities and achieve equity, for their patients, profession, and organizations.
- Monitor and an engage when appropriate with the Office of New Americans regarding the training and placement of international medical graduates in residency programs.
- 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 2020-2023 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.

Evaluation of Success in Meeting Benchmarks:

Performance Measure	Outcome	FY 21-22 Actual	FY 22-23
% residents from URM background	Benchmark*	30%	30%
	Actual	24%	25%

\*Benchmark is average % of population of counties reporting non-white in 2020 census.

[https://www.census.gov/library/stories/state-by-state/colorado-population-change-between-census-decade.html#:~:text=Race%20and%20ethnicity%20\(White%20alone,%25%2C%20up%20from%2054.9%25\)](https://www.census.gov/library/stories/state-by-state/colorado-population-change-between-census-decade.html#:~:text=Race%20and%20ethnicity%20(White%20alone,%25%2C%20up%20from%2054.9%25))

Colorado Medical Student Ethnicity Data	American Indian or Alaskan Native	Asian	Black or African American	White	Hispanic, Latino or Spanish Origin of any race
2014	1.0%	16.0%	2.0%	76.0%	5.0%
2015	1.0%	10.0%	2.0%	81.0%	8.0%
2016	1.0%	11.0%	2.0%	81.0%	6.0%
2017	1.0%	8.0%	2.0%	84.0%	5.0%
2018	1.0%	11.0%	4.0%	73.0%	11.0%
2019	1.0%	13.0%	6.0%	64.0%	16.0%
2020	1.0%	18.0%	2.0%	77.0%	13.0%
2021	1.0%	12.0%	1.0%	76.0%	12.0%
2022	3.0%	18.0%	2.0%	73.0%	20.0%

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

Objective 1: Family medicine residency programs will contribute to Colorado’s safety net patient care.

<b>Performance Measure</b>	<b>Outcome</b>	<b>FY 20-21 Actual</b>	<b>FY 21-22 Actual</b>	<b>FY 22-23 Actual</b>
<b>60% of patients served by the FM residency programs covered by Medicare, Medicaid, or uninsured</b>	Benchmark	60%	60%	60%
	Actual	68%	70%	64%

Strategies:

- Residency programs continue to provide care for patients who are uninsured, underinsured, and on Medicaid and Medicare. In FY22-23, information gathered from the residency programs indicate that 67% of the 102,147 patients served by the family medicine residency programs were Medicaid (44%), Medicare (16%), or uninsured (7%) 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 to defray the cost of uncompensated patient care.

Evaluation of Success in Meeting Benchmarks:

Success in meeting the goal of delivering care to the underserved is evaluated based on payer mix of residency patients. This information is collected annually from the residency programs. Data for the 2022-23 year was collected from the 10 operating residency programs and are reflected here. It is expected that exceeding the 60% benchmark will continue.