



## **STRATEGIC PLAN: FY 2025-2026**

### **Commission on Family Medicine**

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On behalf of the Commission on Family Medicine  
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## 2025-2026 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

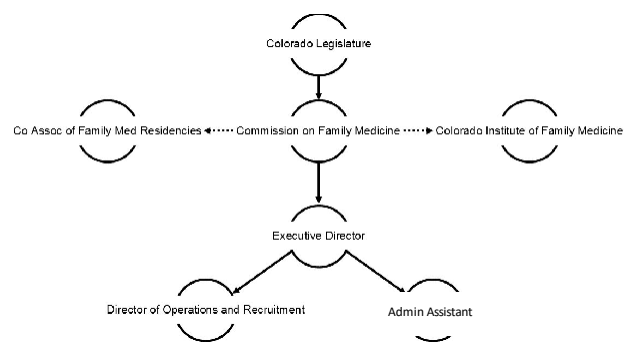
Convene key leaders & stakeholders who support family medicine training to:

- *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.

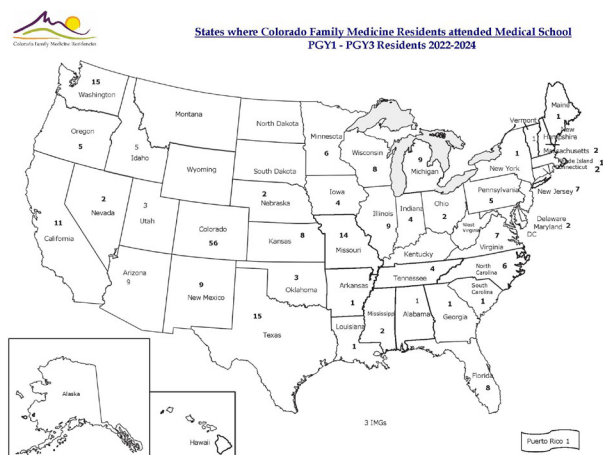
### Organizational Chart

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 indicates that in FY 2023-24, 67% of the 100,000+ patients served by the family medicine residency programs were Medicaid (44%), Medicare (16%), or uninsured (7%). Medicaid numbers are equal to 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 Programs (RTPs)* - All family medicine resident physicians are required to complete a minimum of a one-month rotation in a rural Colorado location as part of their training. This experience aims 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 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 allows for both a more efficient use of resources, and opportunity to build a base of family physicians to practice in rural and underserved communities.

*Active Collaborative-* Training, exposure to rural practice opportunities, and Colorado practice opportunities are jointly delivered to residents and programs across the state.

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. Collaboration among 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 programs and trainees where there is potential and a viable model for success.

**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 21-22 Actual</b>	<b>FY 22-23 Actual</b>	<b>FY 23-24 Actual</b>	<b>FY 24-25 Actual</b>
<b>Recruit and Fill 100% of available training positions annually</b>	Benchmark	100%	100%	100%	100%
	Actual	100%	100%	100%	97.5%

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.

<b>Performance Measure</b>	<b>Outcome</b>	<b>FY 20-21 Actual</b>	<b>FY 21-22 Actual</b>	<b>FY22-23 Actual</b>	<b>FY 23-24 Actual</b>
<b>Program Director positions open more than 12 months</b>	Benchmark	0	0	0	0
	Actual	0	0	0	0

Performance Measure	Outcome	FY 21-22 Actual	FY 22-23 Actual	FY23-24 Actual	FY 24-25 Projected
Faculty physician positions open more than 12 months	Benchmark	0	0	0	0
	Actual	2	1.5	2	Pending

Strategies:

- *NEW: 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*

Outcomes of the faculty loan repayment program are administered jointly with CDPHE. To date, the awards have been used to recruit or retain 53 faculty across programs.

Faculty Loan Repayment Program (FLRP)	FMR Program
Bressan, Emily Marie	Saint Anthony North Family Medicine Residency
Caragol, Jennifer Ann	University of Colorado Family Medicine Residency
Culberson, Nathan James	Southern Colorado Family Medicine Residency
Gause, Megan Nicole	Fort Collins Family Medicine Residency
Lewis, Andrea Dawn	Southern Colorado Family Medicine Residency
Ludemann, Matthew Roger	Saint Anthony Family Medicine Residency Program
Nichols, Amanda Beth	North Colorado Family Medicine Residency
Paritala, Sravanthi Sessa	Southern Colorado Family Medicine Residency
Price, Bethany Rose	St. Mary's Family Medicine Residency
Rabaza, Cristina Alexandra	University of Colorado Family Medicine Residency
Sandhu, Stephanie Natassia	St. Joseph Family Medicine Residency
Snapp, Maria Catherine (Mia)	Fort Collins Family Medicine Residency
Ware, Asa Foltmer	North Colorado Family Medicine Residency
Xun, Randy	Saint Anthony Family Medicine Residency Program

Performance Measure	Outcome	7/1/22 Actual	7/1/23 Actual	7/1/24 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:

Performance Measure	Outcome	7/1/21 Actual	7/1/22 Actual	7/1/23 Actual	7/1/24
<b># of graduates awarded 3-year loan repayment since inception*</b>	Anticipated Awards	15	15	15	15
	Actual	22	25	26	32

\*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 2023-24. The current seven recipients are serving in the Denver area (Aurora, Denver, and Westminster), Fort Collins, Fort Morgan, and Pueblo.

CAFMR	Practice Clinic	Rural/Urban
Burke, Keely A	La Clinica Tepeyac, Inc	FQHC Urban
Feng, Jennifer	Clinica Campesina/Family Health Services	FQHC Urban
Flory, Kale Mathew	Salud Family Health, Inc.	FQHC Urban
Garner, Kathryn Irene	Clinica Campesina/Family Health Services	FQHC Urban
Lewis, Mackenzie	Clinica Campesina/Family Health Services	FQHC Urban
Madurai, Nainita Kumar	Denver Community Health Services, Inc	FQHC Urban
Tsambikos, Richard Wayne	St. Vincent General Hospital District	Rural

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 available training positions in Colorado.
- Work with the Colorado Rural Health Center recruitment and placement service.

## 2. 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	6/30/21 Actual	6/30/22 Actual	6/30/23 Actual	6/30/24 Actual
<b>Annually retain</b>	Benchmark	60%	60%	54%	54%
<b>54% of graduates</b>	Actual	46%	44%	46%	61%

\*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* 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.
- Expand exposure to rotation training opportunities with family physicians in under-resourced and shortage areas across the state (expanded to 3 additional sites in FY 2023-24).
- 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	6/30/21 Actual	6/30/22 Actual	6/30/23 Actual
<b>30%*** of CO graduates opt to practice in rural area</b>	*National Average	11%	11%	11%
	Actual CO	22%	21%	16%
<b>25%*** of CO graduates opt to practice in urban underserved area</b>	**National Average	19%	18%	19%
	Actual CO	22%	20%	22%

\*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 to 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.

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

<b>Performance Measure</b>	<b>Outcome</b>	<b>7/1/22 Actual</b>	<b>7/1/23 Actual</b>	<b>7/1/24 Actual</b>
<b># of positions filled in Rural Training Tracks</b>	Benchmark	19	19	19
	Actual	19	19	19

Strategies:

- 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.** Assess and track 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:

- All medical student interviews are virtual as required by family medicine governance.
- COFM staff, board members, and training physicians participate actively in efforts to reduce disparities and enhance equity, for patients, profession, and organizations.
- Address workforce and career pathways among members of rural and underserved communities through a community driven, infrastructure transformation approach.
- Note: in June of 2024, COFM secured funding to increase potential to support sub internships and interview opportunities for additional medical students interested in completing residency in Colorado.

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	FY 23-24
% residents from URM background (self reported)	Benchmark*	30%	30%	30%
	Actual	24%	25%	22%

\*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))

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

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

Performance Measure	Outcome	FY 20-22 Actual	FY 22-23 Actual	FY 23-24 Actual
<b>60% of patients served by the FM residency programs covered by Medicare, Medicaid, or uninsured</b>	Benchmark	60%	60%	60%
	Actual	70%	64%	67%

Strategies:

- Residency programs continue to provide care for patients who are uninsured, underinsured, and on Medicaid and Medicare. In FY23-24, 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.

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 2023-24 year was collected from the 10 operating residency programs and are reflected here. It is expected that exceeding the 60% benchmark will continue.



## **FUNDING REQUEST: SFY 2025-26**

### **Commission on Family Medicine**

**Submitted by Lynne Jones, Executive  
Director On behalf of the Commission on  
Family Medicine  
[lynne.jones@cofmr.org](mailto:lynne.jones@cofmr.org)/719-237-7703**



Request Detail Commission on Family Medicine SFY 2025-26

HB 24-1430 Budget for Commission on Family Medicine SFY 2024-25 & SFY 2025-26; Line 440

Entity	Total Budget	Federal Funds	Reappropriated Funds	General Funds
Commission on Family Medicine Residency Training Programs	Supplemental Request 2024-25: \$371,130	Supplemental Request 2024-25: \$185,565		Supplemental Request 2024-25: \$185,565
	Continuation Funding: 2025-26: \$9,490,170	Continuation Funding: 2025-26: \$4,745,085	2025-26: \$225,000 <sup>c</sup>	Continuation Funding: 2025-26: \$4,520,085(M)
	Requested Increase 2025-26: \$371,130	Requested Increase 2025-26: \$185,565		Requested Increase 2025-26: \$185,565

c-This amount shall be transferred from the Department of Higher Education from the Fee-for-service Contracts with State Institutions for Specialty Education Programs line item.

**Summary of Request for Increase**

The Commission on Family Medicine (COFM) is sincerely grateful to the General Assembly, Joint Budget Committee, and Department of Health Care Policy and Finance for its continued support for training family physicians and helping to assure access to primary care in Colorado. COFM is requesting a supplemental of \$185,565 GF & \$185,565 FF for SFY 2024-25 and an increase of \$185,565 GF & \$185,565 FF for SFY 2025-26 to support the newly accredited Denver Community Health-Montbello Clinic family medicine program and allow it the same level of support appropriated to the other nine Colorado family medicine residency programs.

This funding will support the training of an additional 12 family medicine physicians when the program is at full capacity, delivering medical services for over 6,000 patient visits.

Notably, not funding this increase will result in a reduction in support for the existing nine programs which provide care to over 100,000 individual patients, two-thirds of whom are Medicaid or Medicare beneficiaries, or are uninsured.

**Current Program**

The vision and mission of the Commission on Family Medicine are:

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

**Our mission** is to convene key leaders and stakeholders who support family medicine training to:

- Cultivate and develop a highly qualified family physician workforce in Colorado to appropriately meet the needs of the population, including rural and underserved communities, through recruitment, education, advocacy, and resource sharing.
- Evaluate and inform community, state, and national policy that impacts the delivery of advanced primary care and positive health outcomes for Coloradans.
- Be a powerful voice to elevate health care delivery for all Coloradans.

COFM was established in 1977 in C.R.S 25.5-1-603 to address Colorado's need for primary care:

(1) The commission shall:

(a) Assure that family medicine residency program standards are equal to or more stringent than the standards established by the accreditation council on graduate medical education of the American medical association or the American osteopathic association for residency training in family medicine;

(b) In cooperation with the dean of the school of medicine, approve and recommend allocation of any funds which are identified and appropriated in the general appropriation bill as a line item for any community family medicine residency training program;

(c) Monitor the state's family medicine residency programs and recommend from time to time that the general assembly appropriate funds for said programs;

(d) Locate specific areas of the state which are underserved by family physicians and determine the priority of need among such areas;

(e) Offer to the general assembly alternative ideas on providing medical care to the medically indigent in the state; and

(f) Support the development and maintenance of family medicine residency programs in rural and other underserved areas of the state for purposes of cultivating family medicine practitioners who are likely to continue practicing in rural and underserved areas of the state at the conclusion of their residency programs.

COFM fills those responsibilities 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
  - Healthcare and physician workforce capacity building

COFM and the Colorado family medicine residency programs have successfully filled available residency slots over the last 5 years and graduated 83 family physicians in 2023. Of those 83, 61% (benchmark is 54%) remained in Colorado to practice immediately upon completion of their training with 16% choosing rural practice and an additional 22% choosing urban underserved.

COFM interacts with over 900 3<sup>rd</sup> and 4<sup>th</sup> year medical students through its various recruitment efforts including two Colorado-hosted national events, outreach to Colorado medical students at both medical schools, the American Academy of Family Physicians national conference and over a dozen other targeted residency fairs nationwide. Colorado draws residents from most of the 50 states and Canadian and international medical schools as well.

**Rural Rotations and Rural Training Programs (RTPs)** - 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 rural practice after completing their training.

In 2013, COFM, with state support, expanded RTPs 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://kffhealthnews.org/news/american-medical-students-less-likely-to-choose-to-become-primary-care-doctors/>

**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.

**Sponsorship and hosting of collaboratives and professional development** - COFM hosts learning collaboratives, professional development opportunities, and networking events 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.

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 a vital 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.

#### Problem and Opportunity

The Montbello & Green Valley Ranch communities of northeast Denver represent one of the lowest socio-economic resourced populations in the state with 68% of residents living below the federal poverty level and 80% at 150% of the federal poverty level. In addition, 58% of the population are Medicaid members, 4% are on CHIP and 15% on CICP. The newly accredited Denver Community Health Family Medicine Residency Program-Montbello Clinic will help substantially to alleviate the current 3-6 month wait to see a provider in the area.

- Currently, Montbello Clinic sees 10,000+ patients & provides over 30,000 patient visits annually.
- It is anticipated that the addition of the initial four resident physicians will provide over 2,000 visits annually, increasing to over 6,000 when the full cohort is active in the training program.
- Denver Community Health-Montbello Clinic is a federally qualified health center.
- DCHFMR trains 12 family medicine resident physicians annually at lower cost than training through a hospital-based residency.
- Residents who train in an underserved environment are more likely to continue practicing in one after graduation.
- Accessible primary care in more vulnerable communities reduces ER visits and hospital stays and improves maternal health outcomes.

DCHFMR joined the Commission on Family Medicine when they became accredited in early 2024. They have recruited their first class of residents and are seeking resources and support through federal, state and local options including Health Resources and Services Administration (HRSA) Teaching Health Center funding.

<https://www.denverhealth.org/locations/denver/montbello-family-health-center-montbello-family-health-center-12600-e-albrook-dr-denver-80>

#### Family Medicine Landscape

Colorado is not alone in its challenges to enhance and preserve its primary care and family medicine access for patients. A 2022 study by the Larry A. Green Center notes that 46% of respondents think that “primary care is crumbling”. <https://theppc.org/2022/04/19/recent-survey-shows-primary-care-practices-are-overwhelmed-1-4-clinicians-planning-leave> . The National Academy of Sciences and Medicine (NASM), in its Implementing High Quality Primary Care report, recommends solutions, several of which Colorado, through COFM, HCPF, the department of labor, and others are addressing such as: policy revision, alternative payment methods,

optimization of digital health technology, and striving for access to primary care for all Coloradans.

<https://nap.nationalacademies.org/download/25983> .

Although Colorado is deemed an appealing location for medical students applying to residency programs, COFM's goal of retaining 54% of residents in Colorado has not been met over the last 4 years (last year average was 45%) meaning that over 50% of those residents graduating leave Colorado to practice as family physicians in other states. Colorado must do better at retention and recruiting students into residency programs that will be more likely to remain in the state. To accomplish this goal, the Commission requests to utilize the base funding freed up by the closure of Peak Vista to support the programs in enhancing recruitment and retention efforts.

COFM's current accomplishments include:

Recruit and retain family medicine physicians to Colorado to meet the benchmark of 54% remaining in the state after graduation (currently 61%).

- The current cost of training residents has increased from \$150,000 to approximately \$180,000 each since COFM funding first received state support. Although it was never the intent that the state would fully support these programs (the state annually contributes between three and four percent of the cost of training), funding provided helps defray costs to sponsoring institutions, which typically experience a loss, in training family medicine residents. (<https://journals.stfm.org/familymedicine/2018/february/pauwels-2017-0230/>).
- Colorado residency programs recruit medical students into family medicine residency programs from across the country including from the state's two medical schools. Costs of recruiting have increased due to economic stressors like travel to residency fairs, bringing students to programs for 4<sup>th</sup> year clerkships and interviewing (interviews are moving back to in person vs. virtual and students often opt to or are invited to visit programs as part of their decision-making) and participation in national events to attract residents from a variety of backgrounds including students from under-represented in medicine populations.

As with travel costs, hosting activities and events involved with recruiting have increased, including advertising, social media, and sponsorship and exhibit costs.

#### Proposed Solution and Anticipated Outcomes

Despite these challenges, COFM is confident that support for the new DCHFMR and existing programs, optimal utilization of resources, implementation of strategies to attract and retain quality family medicine physicians to Colorado and recruitment to places in Colorado where there is less access, can be realized.

Recruiting a diverse pool of family physician resident physicians is another priority that COFM anticipates will be better supported through retention of these funds. All programs are diligent about pursuing residency classes that reflect the communities they serve and opening their process to students who identify as underrepresented in medicine.

In addition, a longitudinal priority of COFM has been to support exposure to rural practice for family medicine residents. These funds will augment efforts to provide these opportunities which are proven to increase family medicine residents, interest in rural practice upon graduation. <https://www.aamc.org/news/attracting-next-generation-physicians-rural-medicine>

#### Evidence – Continuum

COFM has had long term success in training family physicians to help assure access to primary care in rural and underserved communities and will continue to weather the current landscape to strive toward: Achieving 54% benchmark of retaining family physicians who are representative of the populations they serve and practice in under resourced and rural areas of the state. Measure: COFM annual graduate report; CDPHE Colorado Health Systems Directory