



STRATEGIC PLAN: FY 2026-2027

Commission on Family Medicine

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On behalf of the Commission on Family Medicine
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2026-2027 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.

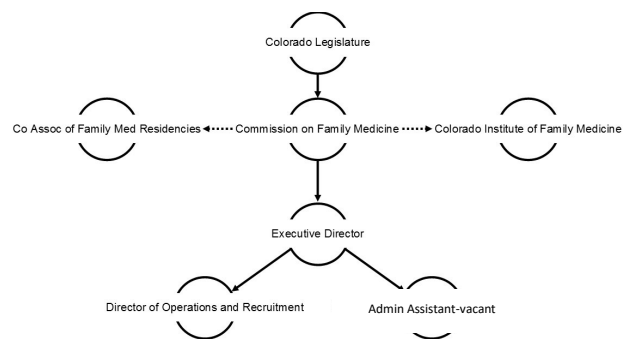
Our Mission

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

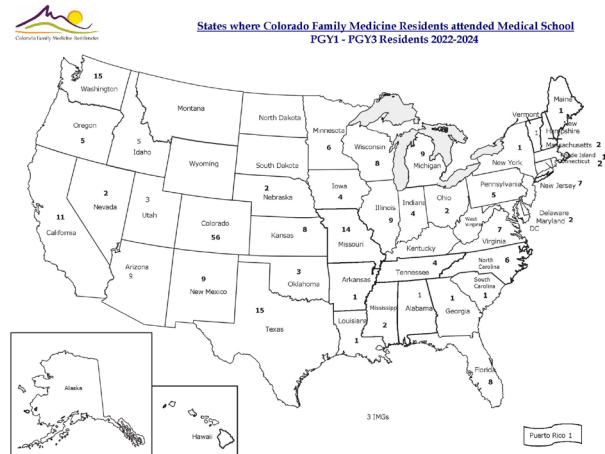
- *Cultivate* and develop a highly qualified family physician workforce in Colorado to appropriately meet the needs of the population, including rural and underserved communities, through recruitment, education, advocacy, and resource sharing.
- *Evaluate* and inform community, state, and national policy 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 2024-25, 61% of the 106,000+ patients served by the family medicine residency programs were Medicaid (36%), Medicare (19%), or uninsured (6%). 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.

Performance Measure	Outcome	FY 22-23 Actual	FY 23-24 Actual	FY 24-25 Actual	FY 25-26 Actual
Recruit and Fill 100% of available training positions annually	Benchmark	100%	100%	100%	100%
	Actual	100%	100%	97.5%	100

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 21-22 Actual	FY 22-23 Actual	FY23-24 Actual	FY 24-25 Actual
Program Director positions open more than 12 months	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	2

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 74 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	7/1/23 Actual	7/1/24 Actual	7/1/25 Actual
Number of residents in new training positions *	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	7/1/22 Actual	7/1/23 Actual	7/1/24 Actual	7/1/25 Actual
# of graduates awarded 3-year loan repayment since inception*	Anticipated Awards	15	15	15	15
	Actual	25	26	32	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 32 have been distributed since the inception of the program. The current seven recipients are serving in the Denver area (Aurora, Denver, and Westminster), Fort Collins, 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
Annually retain 54% of graduates	Benchmark	60%	60%	54%	54%
	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

- *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, rural experience event planned for October 25).
- 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	6/30/23 Actual	6/30/24 Actual	6/30/25 Actual
30%*** of CO graduates opt to practice in rural area	*National Average	11%	11%	11%
	Actual CO	21%	16%	23%
25%*** of CO graduates opt to practice in urban underserved area	**National Average	19%	18%	19%
	Actual CO	20%	22%	25%

*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

***Estimated goals based on historic Colorado data

Strategies:

- *NEW*
 - *Expanding rural practice experience.*
 - *Pursuing additional rural site to initiate development in 2026-27.*
 - *Consult with CO residency programs & rural stakeholders in development.*
- Sustain the rural training tracks in Alamosa, Sterling, and Wray as the Fort Morgan program closed in December 2024.
- 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 RTPs. Pursue COFM membership of new medical school at the University of Northern Colorado.
- Provide loan repayment awards to graduates choosing to 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 career pathway & 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	7/1/23 Actual	7/1/24 Actual	7/1/25 Actual
Number of accredited Rural Training Tracks	Benchmark	4	4	4
	Actual	4	4	3

Performance Measure	Outcome	7/1/23 Actual	7/1/24 Actual	7/1/25 Actual
# of positions filled in Rural Training Tracks	Benchmark	19	19	18
	Actual	19	19	16

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 RTPs in the state and encourage rotations.
- Oversee the continued success of the three new RTP sites.
- Optimize state funds to ensure that the RTPs 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.

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 22-23 Actual	FY 23-24 Actual	FY 24-25 Actual
60% of patients served by the FM residency programs covered by Medicare, Medicaid, or uninsured	Benchmark	60%	60%	60%
	Actual	64%	67%	61%

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 61% of the 106,110 patients served by the family medicine residency programs were Medicaid (36%), Medicare (19%), or uninsured (6%) 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.



Request Detail - Commission on Family Medicine SFY 2026-27

Budget for Commission on Family Medicine SFY 2026-27; Line 440

Entity	Total Budget	Federal Funds	Reappropriated Funds	General Funds
Commission on Family Medicine Residency Training Programs	Continuation Funding: 2026-27: \$9,490,170 Considered Reduction: 2026-27: \$270,000	Continuation Funding: 2026-27: \$4,745,085 Considered Reduction 2026-27: \$135,000	*\$220,000 Reappropriated funds \$500,000 to Alamosa \$230,000 for rural program development Reduction: \$270,000	Continuation Funding: 2025-26: \$4,520,085(M) Considered Reduction 2025-26: \$270,000
*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 Considered Reduction

The Commission on Family Medicine is aware of and sensitive to the significant budget challenges in SFY 2025-26 and is considering how to support the state in addressing them while maintaining its capacity to satisfy state statute requirements and its vision and mission.

COFM funding for rural training programs currently stands at \$3 million (\$1.5M each GF and FMAP). For SFY 2025-26, \$2.5 million is dedicated to the two rural training programs in Alamosa and Sterling. In the interest of building the training cohort back to its pre-closure level, COFM recommends that \$230,000 be retained to research and initiate the development of a new rural training program. In the spirit of collaboration, COFM is making the remaining \$270,000 available for a reduction in allocation to the Commission on Family Medicine.

Below is a chart of the total proposed allocation to COFM line 140 with the \$270,000 reduction accounted for.

Base Funding (\$1,670,085)	Rural Training Track (\$1,365,000)	Added Resident Positions (\$1,350,000)
<ul style="list-style-type: none"> Distributed from HCPF to programs Supplements Medicare GME and other funding sources & patient revenue to defray expense of resident training 2018- 2019: request for additional \$607,302 (\$303,651 Medicaid GME match of state funds) to 	<ul style="list-style-type: none"> Initiated in SFY 2014-15 Tracks currently in place are Alamosa and Sterling Five graduates/ year in 2025-26 with development planned Rural trained residents highly likely to practice in rural areas (approximately 60%) Rural training requires sustained support and 	<ul style="list-style-type: none"> 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

<p>support two additional programs</p> <ul style="list-style-type: none"> • 2022-23: No additional funds were requested. • 2023-24: No additional funds were requested • 2024-25: COFM suggested a 5% decrease which was not pursued 	<p>investment for training and retention</p> <ul style="list-style-type: none"> • Rural “pathway” is established through medical student recruitment from University of Colorado and Rocky Vista University and other medical schools across the country 	<ul style="list-style-type: none"> • Loan repayment recipients currently practice in: Adams, Arapahoe, Archuleta, Boulder, Chaffee, Denver, El Paso, Jefferson, Larimer, Las Animas, Morgan, & Pueblo counties
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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 92 family physicians in 2024. Of those 40% (37) (benchmark is 54%) remained in Colorado to practice immediately upon completion of their training with 23% choosing rural practice and an additional 25% choosing urban underserved.

COFM interacts with over 900 3rd and 4th 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. In spite of the Fort Morgan program closing in 12/24, COFM has retained one of its resident slots via the Alamosa program taking on an additional resident slot and is currently pursuing potential new programs in various communities across the state. 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.

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://thepcc.org/2022/04/19/recent-survey-shows-primary-care-practices-are-overwhelmed-1-4-clinicians-planning-leave> . The National Academy of Sciences and Medicine (NASEM), 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 40%) meaning that 60% 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 and the best way to do that is to increase the number of residents training here.

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 40%).

- 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 4th 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 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 family physician resident physicians with a wide range of background and experience is another priority that COFM anticipates will be better supported through retention of these funds. All programs are diligent about bringing medical students into their programs with varying life experiences and geographic practice preferences.

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