

**Colorado Commission on Family Medicine**  
**Report to the Joint Budget Committee, December 2021**  
**Training Family Physicians for the State's Health Care Needs since 1977**

**Presenters:**

- **Tom Westfall**  
Congressional District 2 Representative, COFM Chair
- **Sabrina Mitchell, DO**  
Program Director, CAFMR Board Secretary/Treasurer
- **Lynne Jones**  
Executive Director, COFM/CAFMR

**Key Contributions to Colorado of the Commission on Family Medicine**

- ▶ Providing direct patient care to over 105,000 individual patients annually, ~70% of whom are uninsured or Medicaid/Medicare beneficiaries
- ▶ Family Medicine Resident Physicians (FMRP) touch over 2/3rds of Colorado counties during their training
- ▶ Physicians who train in Colorado tend to stay (60+%)
- ▶ COFM is a unique collaborative vs. competitive model of recruiting new physicians to the state

The Colorado Health Institute puts it well in their 2017 report *"Primary Care Workforce: A Study of Regional Disparities"* – "Investing in the workforce pipeline and creating local training opportunities will be important. It is not realistic to expect patients to commute great distances for care or to count on a drastic redistribution of the current workforce...Finally, Colorado's current workforce generally reflects the fee-for-service payment system, which creates incentives to provide as many medical services as possible and reimburses nonprimary care clinicians at higher rates than their primary care counterparts. The health care system is changing, and new models of payment and delivery may significantly change the workforce requirements necessary to meet the needs of Coloradans..."

**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:** 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.



**Ongoing Priorities of the COFM & its "sister" organizations, CO Assoc. Family Med Residencies & Inst. of Family Medicine:**

Each resident physician has a story about why they chose medicine, and specifically family medicine. Physicians choose family medicine for reasons unique from other medical professions; They are:

- Committed to the patient/provider relationship and caring for an individual or family unit rather than a disease or condition over the long haul of their healthcare
- Competent in preventive care, chronic disease, OB/Gyn and women's health, an array of surgical procedures, outpatient and inpatient care, and from pre-birth to death in a patient's life
- Active and engaged in their communities – schools, charitable causes, addressing social determinants of health, education and awareness, volunteer medical services, the list goes on
- Never the most highly compensated specialty and, never with finances as their first priority

Access to primary care across Colorado:

- Since its inception, COFM’s mission to assure access to primary care in rural and other underserved communities has driven its actions and efforts
- All FMRP clinics serve as safety net like clinics, caring for our most vulnerable and hard to reach populations
- Four rural training tracks and over a dozen rural rotations feed FMPs to communities and counties with the least access to primary care -recent grads now practice in Meeker, Pagosa Springs, Granby, La Junta, Alamosa, Brush, Fruita and others
- All residency programs have relationships with the federal qualified and community health centers in their communities and have also supplied those systems with physicians (Sunrise, Pueblo Community Health, STRIDE, Clinica, Peak Vista, Marillac, and others)

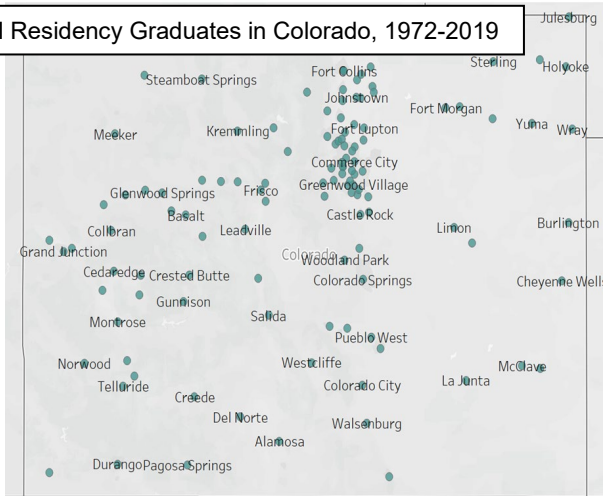
Addressing health disparities and inequities



- 71,400 of the 105,000 individual patients treated are uninsured, or Medicaid/Medicare beneficiaries
- 8 of the 10 programs offer COVID-19 vaccines
- 7 of the 10 programs host or partner to provide MAT/Opioid clinics and treatment
- All 10 programs participate in a myriad of community service projects and programs
- Most engage with schools and other educational institutions to teach and share career experiences with students aspiring to health careers

Addressing workforce and pipeline in Colorado

COFM Residency Graduates in Colorado, 1972-2019



Generating a physician workforce that is both racially and ethnically as well as geographically diverse is unquestionably a marathon, not a sprint. For the residency programs, this means:

- Intentional recruitment of med students from historical institutions of color, students typically underrepresented in medicine, and those with a likelihood of practicing in a rural or underserved environment
- Adapting screening, interviewing and selection methods to be responsive to cultural differences
- Recognizing the challenge of the national match program for resident placement
- Addressing recruitment from the community/K-12 level through med school from both a local and a system perspective

- Interaction with local educational institutions and para- and allied- professional training entities
- Advocating for policy and regulation changes to reduce barriers to health career pathways
- Partnering with residency program host institutions to expand outreach efforts

Below is the chart of the racial/ethnic breakdown of Colorado family medicine residents over the last several years. Although the 2020 numbers are not as robust as previous years, the average percentage of residents of color in the past 3 years is about double the average percentage of 2013-2015. Progress is slow and the programs are dedicated to generating a more diverse resident pool in the future.

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
American Indian	1%	1%	1%	1%	1%	1%	1%	1%
Asian	8%	16%	10%	11%	8%	11%	13%	10%
African American	2%	2%	2%	2%	2%	4%	6%	2%
Hispanic	4%	5%	6%	5%	5%	11%	16%	10%
Caucasian	85%	76%	81%	81%	84%	73%	64%	77%

Year	% of Resident Grads Practicing in Urban Underserved Areas of Colorado	Resident Grads Practicing in Rural Colorado
2020	22%	15%
2019	20%	24%
2018	22%	13%
2017	22%	22%
2016	27%	21%
2015	29%	18%
2014	29%	20%
2013	24%	3%
2012	22%	8%

Resident graduates remaining to practice in Colorado as well as those choosing rural and underserved practice settings. Sixty-three percent of family medicine residents remained in Colorado for this fiscal year.

Colorado continues to increase the average number of physicians practicing in rural with time. From 2012 -14, prior to the establishment of the rural training tracks, an average of about 10% practiced rural where in the past 3 years it is approximately 17%. Underserved community practice averages around 20% over time and, on average over the last 3 years compared with 2013-2016, there has been an approximate 10% increase in resident physicians in races other than white.

**VALUE OF FAMILY MEDICINE RESIDENCY PROGRAMS TO COLORADO:**

**Shortage of primary care physicians:**

- 2020 County Health Rankings Identify 17 counties with a shortage of PCPs in CO. Of those, half have only one or two primary care physicians, leaving little room for transition of the physician(s) from the county, which, according to HRSA Area Health Resources Files has already occurred in several counties.
- In addition, 10 of the 17 have an uninsured population of 10+%.
- *Finally, of those 17 counties, 13 are directly served through the family medicine residency physicians in primary programs, rural rotations, and/or rural training track programs. All told, Colorado family medicine resident physicians touch patients in over 2/3rds of Colorado counties.*

**Colorado’s family medicine residencies help fill the gap:**

- There are 10 family medicine residency programs in Colorado
- Programs are independent of one another but collaborate through the Commission on Family Medicine
- Historically, less than 20% of family medicine resident physicians come from Colorado medical schools (University of Colorado and Rocky Vista University) and 60% stay to practice in Colorado
- Over 35% of graduates who stay in the state practice in rural or underserved areas
- The residency clinics are part of Colorado’s health care safety net. In 2019:
  - Over 105,000 Coloradans received health care in the family medicine residency clinics
  - 68% of patients were Medicaid (43%) or Medicare (16%) members, or uninsured (9%)



### Strategies to encourage family medicine residents to practice in rural Colorado:

- COFM requires a one-month rural rotation for all family medicine resident physicians
- COFM supports rural training tracks (RTTs) in Alamosa, Fort Morgan, Sterling, & Wray
  - Residents live and train in the rural community in years 2 & 3 of residency
- COFM collaborates with rural training programs at CU Medical School and Rocky Vista University to create a training pipeline for graduates
- COFM works with several state partners to enhance access to care including the Rural Health Center, CDPHE Primary Care Office, CO Academy of Family Physicians, and the Colorado Hospital Association, among others

### Funding the family medicine residency

- Expenses for training family physicians are paid by patient revenue, federal Medicare GME funds, the sponsoring hospitals and health systems, and the Colorado legislature
- The Colorado legislature provides funds to expand the number of family physicians being trained and to place them in areas of highest need: rural and underserved communities
- *State funds are matched by federal Medicaid dollars, effectively doubling the investment*

### Family Medicine Training in Colorado

- **Dual mission of training physicians and exemplary, direct patient care**
- Residents complete 3 years of training prior to going into practice
- Our programs are sought after for our commitment to full scope, broad spectrum practice
- CO requires a one-month rural experience in addition to standard requirements
- Residency clinics serve as safety net care access (66% Medicare, Medicaid, and uninsured last fiscal year)

### Support through State funding is increasing our number of primary care physicians:

***Benefit of Additional Training Positions...from the Programs:***  
 ...In Fort Collins we were able to grow our residency to meet the primary care needs of an additional 1,000 patients in a safety net clinic (70% Medicaid) in addition to providing better coverage for our complex and busy inpatient services.

Between 2018 and 2021, the number of family physicians graduating annually from our residency programs increased from 68 to 88

- An average of 65% of residents stay in the state
- Almost half on average stay in Colorado practicing in rural or urban underserved communities
- Two new family medicine residencies added 16 family physician graduates per year
- Rural training programs (2014 fund start) add 6 grads
- Additional training positions (2015 fund start) add 5 grads
- One training position (2017 fund start) was added to the UC FM residency
- Funds to expand residency training are long-term investments requiring sustained support

### Retention of graduates

- 88 graduates in 2020
- 63% stayed in Colorado
- 37% of those in Colorado practice in rural/underserved area
- Since 1972 (1st graduating classes of FPs), 60% grads still practicing in CO



Timeline of increasing the number of residents in family medicine programs:

Academic Year	Number in training	Graduates per year	Potential Additional Physicians in CO (65% of grads)
2015-2016	204	68	44
2016-2017	228	68	44
2017-2018	256	68	44
2018-2019	284	93	60
2019-2020	287	95	62
2020-2021	288	88	60

**Benefits of the Commission:**

The Commission fosters collaboration among the independent programs:

- Improves quality of all the programs
- Allows for efficiencies in programming and recruiting medical students
- Ensures residents train in advanced primary care settings, preparing graduates for future practice models
- Increases the placement of graduates in rural and underserved locations

**Value of Statewide Collaborative**  
NCFM resident physicians find great value in the CAFMR chief resident workshop sessions and really enjoy the collaborative recruiting opportunities with the other family medicine residency programs in Colorado.

**Rural Training Tracks**

The resident physicians who are trained in Colorado and whose programs participate with the Commission on Family Medicine continue to choose practice in rural and underserved areas with physician grads in rural practice up 75% prior to establishment of the Rural Training Track program. An additional 20+% choose practice in underserved urban communities where Medicaid members and people without insurance are more likely to reside.

Colorado proudly hosts 4 rural training tracks:

- ☆Wray (one of oldest in country)
- ☆Alamosa ☆Fort Morgan ☆Sterling
- The state generously supported start up and development 3 of these RTTs; they graduated their first residents in 2019
- Sustained state funding is necessary to augment what the host communities and institutions provide to support this training
- This model has proven success in increasing family medicine presence in rural communities
- Wray supports 1 resident, and the others support 2 residents per training year for years 2 and 3; year 1 is spent in urban “host program”
- Along with Wray, the programs will graduate 7 FPs per year by 2020
- RTTs are an example of state funds being used to train FPs where we need them

**From a Rural Training Track Resident:**  
“Training in our rural program enables you to see a large gamut of pathology with you as the center physician, while providing care to those that need it most. Combined with the flexible schedule, naturally broader scope, supportive staff, and liberating outdoors, you will be ready for whatever future awaits you.”  
Andrew Xu, MD - Alamosa

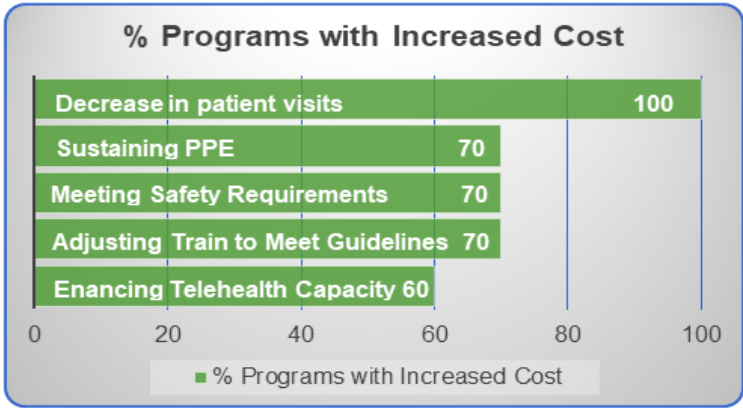
## COVID 19 Pandemic & Family Medicine Pandemonium

**100%** Residency Programs and Patient Care Impacted

**Resident Physicians stepped up**

- Support for inpatient intensivists increasing ability to manage more patients
- Caring for patients directly on floor and ICU
- Prep residents to be surge-ready
- COVID specific team delivering 25% of care at one point in time
- Redeploy residents to COVID step down unit

Primary Care physicians, and specifically family medicine in Colorado, are uniquely capable to assist and adapt to patient and community needs. They train and practice in clinics, ICUs, critical care units, long term care centers, public health, research, and community settings like homeless shelters, free clinics, public events, and school districts.



*"Family Medicine resident teams provided ICU coverage and floor coverage specifically to care for COVID patients"*

The COVID-19 pandemic impacted and continues to disrupt healthcare delivery across the state and the residency programs were no exception. Above is a summary of the impact they were able to provide for patients, their host institutions, and the additional duty they took on to assist in addressing the pandemic.

## Funding

COFM’s funding was restored to almost 2019-20 levels due to the support of the Colorado state legislature and the Department of Health Policy and Finance and we will request full restoration for the 2022-23 fiscal year. The budget reductions required of the state for 2020-21, resulted in a 13% cut for COFM and we were also hit by elimination of the teaching hospital supplement which included the COFM funds allocated to UC Family Medicine Residency program. Since commitments to resident physicians planning to train in Colorado had already been made by the time the cuts were determined, COFM accessed its reserves so that none of the ten programs would have to make an adjustment in the current fiscal year. Reserves were also accessed as COVID-19 caused additional incurred costs to the programs. Although we were prepared to make this adjustment to address the budget reductions, this is not a sustainable solution. COFM’s reserves were all but depleted to accommodate the needs of the residency programs in fiscal year 2020-21.

Over the years, the legislature has requested that COFM develop programs and activities to support access to best practice primary care for the residents of Colorado. The General Assembly allocates funds annually to support the training of family physicians. Beginning in 2013, additional state funds have enabled the residency programs to expand the number of family physicians being trained and to place them in areas of highest need: rural and underserved communities.

State funding is federally matched 50-50 (\$4,520,084 - *matched by federal Medicaid*) to train family physicians (allocated to the Commission on Family Medicine) falls into three categories:

Base Funding (\$1,670,084)	Rural Training Track (\$1,500,000)	Added Resident Positions (\$1,350,000)
<ul style="list-style-type: none"> <li>• Distributed from HCPF to programs</li> <li>• Supplements Medicare GME and other funding &amp; patient revenue to defray expense of resident training</li> <li>• Peak Vista (Colorado Springs) and Sky Ridge (Lone Tree) became accredited programs in 2018</li> <li>• 2017- 2018: approved request for additional \$607,302 (\$303,651 Medicaid GME match of state funds) to support two additional programs</li> </ul>	<ul style="list-style-type: none"> <li>• Initiated in SFY 2014-15</li> <li>• Tracks established in Alamosa, Fort Morgan, Sterling</li> <li>• Six graduates year</li> <li>• Rural trained residents highly likely to practice in rural areas (approx. 60%)</li> <li>• Rural training requires sustained support and investment for training and retention</li> <li>• Rural “pipeline” is worked through medical student recruitment from University of Colorado and Rocky Vista University and nationally</li> </ul>	<ul style="list-style-type: none"> <li>• Initiated in SFY 2015-16</li> <li>• 5 programs added additional position each Note: in 2017, UC family medicine receives this funding through State University Teaching Hospitals-Univ. of CO Hospital Authority line item, Appropriation 476)</li> <li>• Programs successfully graduated first cohort of 5 residents in 2017-18</li> <li>• Residents commit to 3 years of practice in rural/underserved communities in exchange for loan repayment support</li> <li>• Loan repayment recipients currently practice in 10 Colorado counties</li> </ul>

*This state funding support is crucial to the sustainability of the quality and comprehensive scope of the residency programs in Colorado. If these cuts are maintained, a reduction of at least 5 slots (or 15 resident physicians) and a possible additional (or 30) will result as all ten programs are substantially impacted.*

### Value of Resident Physicians to Rural Colorado

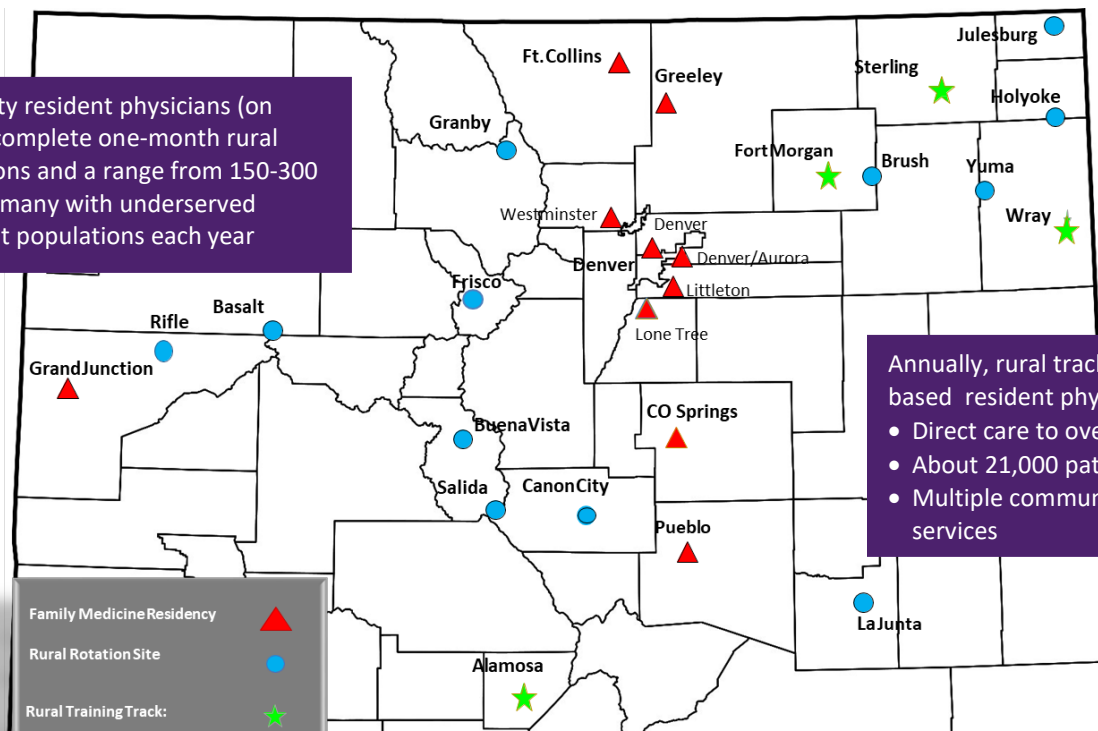
Benefits of the Commission's work to rural Colorado are multiple and difficult to quantify. **Close to ¾ of the Commission's funding impacts rural primary care practice either directly or indirectly** through training and practice with our rural training tracks (RTT) and rural rotation sites.; the broad spectrum training the resident physicians receive; the recruitment efforts on behalf of our rural communities as well as all of our programs, the cross organization training they receive with federally qualified health centers, public health, behavioral health, in-hospital and in-clinic care delivery, schools, and with homeless, indigent, and undocumented patients.

**Our Rural Training Tracks:** Our residents and faculty practice at a sole community rural hospital handling level 3 trauma, obstetrics, inpatient, geriatric, psychology and other routine procedures

**Our Rural Rotation Clinics:** These rural physicians value the residents in their practice as a means to introduce them to rural practice and to keep up on current trends in their field.

- RTT resident physicians see:**
- 50-60% Medicaid members
  - 10-25% Medicare members
  - 3-24% uninsured community members

Seventy resident physicians (on avg.) complete one-month rural rotations and a range from 150-300 visits, many with underserved patient populations each year



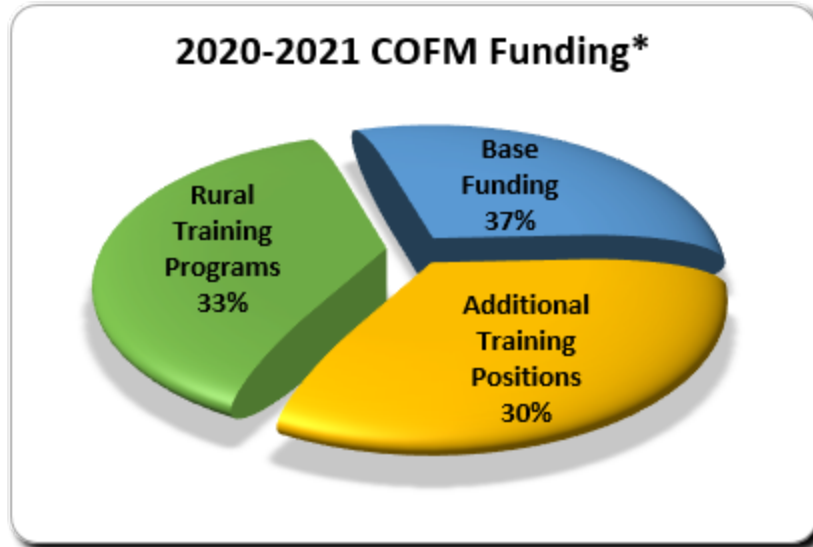
Annually, rural track, community based resident physicians provide:

- Direct care to over 10,000 patients
- About 21,000 patient visits
- Multiple community projects & services

Collaboration in training future family physicians across Colorado

Since 1977.





\*State funds (\$4,520,084) are matched by federal Medicaid funds (\$4,520,084)