

SUMMARY OF STRATEGIC PLANNING PROCESS FOR JBC HEARING

Commission on Family Medicine (COFM)

January 4, 2012

Introduction

COFM has a 19 year history of engaging in strategic planning and creating operational directions and a schedule of events from this exercise. COFM holds its annual strategic planning session at its July meeting. The thrust of this endeavor, in keeping with the purpose of strategic planning, is an annual review of COFM's implementation of its legislative mandate, taking corrective action as necessary, examining the prevailing environment and moving forward with providing primary care for the people of Colorado. Basically, this is the legislative charge to COFM noted in the 1997 statutes that created COFM and are as relevant today:

Train and populate the state with Family Physicians to address Colorado's need for primary care.

At the core of COFM's documented success is a collaborative structure and philosophy that reaches across the nine family medicine residencies to the State Legislature. COFM's Goals, objectives, strategies and outcome measures are premised on collaboration—from recruiting medical students to train in Colorado and retaining the majority of graduating residents to recruiting faculty and serving as part of Colorado's **safety-net**. This collaboration is a key ingredient in the success of the Colorado Institute (noted below) in securing significant grant funding to allow for the continued development of excellent family medicine residencies that attract medical students from across the country.

The process for retaining graduating family medicine residents is systematic, extensive and based on a plan that is evaluated and revised annually. The process starts with a multi-faceted recruitment program that begins "at home" with special events for both the CU and RVU students but stretches from coast to coast at both allopathic and osteopathic schools of medicine. COFM participates in 40 recruitments events from Florida to California and a number of states along the way. A key report for this selective recruitment is the annual "report card" published by the American Academy of Family Physicians that documents the number of graduating seniors and the number of graduates who chose family medicine residency training at each US school of medicine (both allopathic and osteopathic). COFM maintains a special focus on those medical schools with a reputation for training students with an interest in rural medicine.

The intent of the recruitment program is a twofold promotion: (1) the excellence and full scope of practice provided at the Colorado residencies and (2) confirming the national reputation of the state as a desirable place to live. The full-time, Director of Recruitment maintains an active database of the student contacts she makes at these recruitment events. The residencies put their experience and concerted efforts to determine the potential for an interviewing medical student to make Colorado her/his home after graduation. Colorado medical students and those from other states are similarly evaluated.

The Director of recruitment stays in close contact with residents, especially in their third year. She also annually contacts all family medicine practices in Colorado inviting them to send her their vacancies, which she posts at no cost to the practice on the COFM website and makes available to the residents. She also maintains a vibrant collaborative relationship with the recruitment staff at the Colorado Rural Health Center. Furthermore, she is a Governor-appointed member of the Board that oversees the state's Loan Repayment Program. She makes a special effort to promote this loan repayment program to the residents.

Not to be overlooked are the efforts of the individual residencies. They stay informed of vacancies in their locales and invite their graduates from previous class to actively recruit graduating residents. As noted above, the caliber of Colorado's family medicine residencies and the state being nationally recognized as an attractive place to live lead to strong, selective recruiting. The net result, coupled with Colorado being a state with a strong family medicine workforce, a positive environment for a family physician, and a balanced tort system, is that residents who chose to train in Colorado recognize the value of making this state their home!

Mission Statement

To address the health care needs of the people of Colorado through the education of family physicians and the promotion of patient-centered primary care **(Revised: 7/15/09)**.

Vision Statement

Through a unique state-wide public-private collaboration, lead the nation's premier family medicine residencies in providing quality family physicians for the people of Colorado, while positively impacting health and healthcare through the power of primary care **(Revised: 7/15/09)**.

Commentary

An integral component of COFM's annual strategic planning session is a review of its Mission and Vision Statements. At its 7/15/09 strategic planning session, COFM engaged in a fundamental evaluation of both its Mission and Vision Statements. The members strongly affirmed the importance of training family physicians for Colorado, as consistently supported by formal research and more recently by voluminous anecdotal data found in the media. These sources strongly support the essential relevance of primary care to transforming the nation's health care approach into a system that is accessible to all, affordable and built on patient safety and personal responsibility for one's health. Specifically the importance of family medicine to this endeavor has received greater focus as the number of medical students entering the other two primary care specialties of general internal medicine and pediatrics continues to decline. In addition, the percentage of US medical school graduates opting for family medicine has remained relatively flat for ten years, even as a number of medical schools have expanded their class size and several new schools of medicine have been created.

In discussing this scenario, COFM observed that the predecessors to this Mission and Vision Statements did not identify the "outcome" or specify the contribution of family physicians to

health care. The revised statements are crafted to simply state “why” family physicians are important to Colorado’s (and the nation’s) healthcare. Also couched in these amended declarations is COFM’s intent to engage and educate decision-makers (relative to paying for health care as well as developing policy) and consumers of health care (patients) about primary care. The revised statements further echo COFM’s legislative mandate that Colorado’s family medicine residency maintain standards of excellence. These perspectives were reaffirmed at COFM’s Strategic Planning Session of July 21, 2010 and recently on July 20, 2011.

Strategic Planning Process

The Executive Director prepares a “State of COFM” as the anchor for the annual strategic plan. This document presents a detailed analysis and evaluation of performance achieved against stated objectives, as well as a review of the current environment and suggestions for initiatives to meet new challenges. The COFM members devote a full day to this planning venture and may follow up with additional discussion via conference calls or through the Internet. The Chair or a small committee of COFM facilitates the process.

The written strategic plan may not only include objectives directly related to implementing its legislative mandate but also “Strategic Initiatives” that relate to challenges or opportunities in the current environment. These tend to be multi-year endeavors and once forged are passed on to the two other organizations that are COFM’s key partners in strengthening Colorado’s primary care structure and services: the Colorado Association of Family Medicine Residencies (CAFMR) and the Colorado Institute of Family Medicine (CIFM). The former is a professional (501-c-6) organization that formally unites the family medicine academic leadership in Colorado and the financial supporter for COFM’s programmatic and administrative functions. CIFM is a three-year old organization (501-c-3) created to expand COFM’ and CAFMR’s reach into the state’s “consumer of health care”, especially the business and professional communities; its 501-c-3 status facilitates tapping into foundation funding, since a number of philanthropic institutions require that grantees hold this IRS designation.

Recent examples of “Strategic Initiatives” are:

- The creation of CIFM
- Joining CAFMR, the Department of Family Medicine at the University of Colorado School of Medicine, and HealthTeamWorks in securing a three-year 2.6 million dollar grant from the Colorado Health Foundation (TCHF) to transform the curricula and practices in the ten family medicine (including Denver Health, which is a track of the University program but operates a separate practice) training sites into Patient Centered Medical Home models. Phase I of this project ended on 12/31/11. The success of the project led to second three-year award from TCHF to move forward with this innovative project.
- Facilitating the development of the GME (Graduate Medical Education) Initiative: At its strategic planning meeting of 2009, COFM “went on record” that Colorado needed both

more family medicine residency positions and new residencies. COFM's success in recruiting medical students to the state's family medicine residencies (as reported below) anchors COFM's confidence that in the midst of a highly competitive environment for family medicine residents the additional resident positions would be filled. What stands in the way of expansion is the structure and process within Medicare that provides the principal funding for GME. Revisions to these Medicare rules require congressional action.

Thus, COFM developed a strategy to meet with and educate the states' Congressional Delegation about the need for GME change to address the disadvantage to Colorado and primary care residency training. One of the strong recommendations from one member of Colorado's Congressional Delegation was: Build on COFM's long-standing history and effectiveness of collaboration and create a western regional consortium to influence GME change. A local partner with COFM provided funding to CIFM to support this project, specifically a forum on July 8, 2011 in Denver that brought together a number of leaders in family medicine and consumers of health care interested in addressing the need for more primary physicians. The forum resulted in the creation of the GME Initiative as a project independent of COFM, although several members of COFM are active in this endeavor. The GME Initiative prepared a GME Position Paper, which has been rather widely distributed across the country, gained attention, and will be discussed at the JBC Hearing. Without congressional action to change the GME system increasing the number of primary care physicians will not happen. Medicare has capped GME to its current level of resident positions. As additional US medical school students graduate, the result will not be more physicians but more US trained physicians and fewer physicians trained in non-US medical schools.

Rationale for Choosing Performance Objectives

Meeting COFM's legislative mandate follows a linear, progressive vector:

- Recruit "the best and brightest" medical students from across the country to Colorado's family medicine residency with the strong likelihood that they will remain in the state after graduation. With 69 new positions annually, the nine family medicine residencies must look to medical schools in other states to fill these slots.
- Retain as many graduating residents as possible (target is 60%), with a focus on rural and urban underserved communities.
- Recruit the faculty to maintain the stated accreditation standards.
- It is important to note that this objective is not reflected in COFM's legislative mandate. COFM reports the contribution of its constituent family medicine residencies to the state's safety-net. This characteristic of the services provided by the residencies is

attractive to a number of medical students with a preponderance for working with the uninsured and indigent populations.

Meeting Performance Measures

- Filling all 69 first year positions: Not only were all the positions filled with US graduates but four additional positions were added in 2011, with three of them for urban underserved practice and the fourth in a residency with a strong track-record for graduating residents that choose to work in a rural community. The downside of this accomplishment is that two of the positions geared for training in urban underserved communities are funded for five years through a special grant in the recent health care reform legislation. Thus, keeping these additional positions after the grant runs out is unknown. The other two positions were added as a result of the directors' creative negotiation with the administration at their affiliated hospitals.

In 2011 400 medical students interviewed in the state's family medicine residencies. They came from 103 US medical schools; there are 159 US medical schools. The 69 medical students that started their training in July 2011 came from 45 different US medical schools. A multi-faceted recruitment program (including the professional production of a video funded by two local foundations) underpins this success. COFM staff work closely with both medical schools in the state and host events for their students. COFM participated in 40 recruitment events across the country. This strong national recruitment effort started in 2002, when the family medicine residencies reported a 10% drop in the number of medical students interviewing in Colorado. This decrease was a national phenomenon and coincided with the short-lived (during the HMO surge) increased interest of medical students in family medicine and primary care in general. COFM anticipates that this success will continue. Some of our residencies are now generally in the position of having to create waiting lists of students requesting an interview. The challenge that this accomplishment creates is avoiding the reputation that the Colorado residencies are too competitive.

- Retention of Graduates: Except for 2009, COFM has consistently met its target of retaining at least 60% of its graduates, with a third of these opting for a rural or urban underserved community. The 2009 anomaly was the result of a conflict between the residency and the hospital's administration. The hospital's leadership was intent on eliminating the program's emphasis on obstetrical OB and other office procedures. A compromise was reached to continue this training emphasis but at a reduced level. However, none of the graduating residents involved in this conflict opted to remain in Colorado. As the following statistics indicate, some of these may have returned to work in the state.

Recording the residents' practice choice upon graduation has been a uniform process virtually since the creation of COFM. However, tracking the whereabouts of graduates several years after graduation is difficult for a number of reasons, principally changes in

surnames resulting from marriage and divorce. Also, the AMA database that works at collecting this information is rife with errors. This past year, COFM staff took on the tedious task of developing a template to track the number of graduates from our residencies that are working in Colorado and has established a four-year record. From 2008-2011, 66% of graduates are practicing in Colorado. Forty-three percent of these are working in a rural (30%) or urban underserved (13%) community.

COFM is aware of no reliable source that documents how this compares to other states or nationally. There is consensus that a state's cadre of residencies is an important measure of the strength of its physician workforce. A faculty at the University of Nebraska with an interest in such issues used the AMA database to note that 40% of graduates work in the state in which they trained and originated, while only 22% of those who came from outside of the state where the residency is located remain to practice in that state. Despite potential difficulties with this information, COFM's retention rate is outstanding, given that 85%-90% of our family medicine residents come from outside of Colorado. This may change somewhat with Rocky Vista University graduating its first class in 2012; a number of these students are currently interviewing in our residencies.

- Filling director and faculty positions within twelve months: Arguably meeting this objective is more difficult than the previous objectives. Generally, a family physician can earn more in private practice than as a residency faculty. A compounding factor is our residencies' preference for a family physician that provides the full scope of practice, including OB. A few of the residencies require OB expertise of all faculty. The residency directors collaborate with each other in recruiting faculty: A candidate may interview at a specific residency but the director determines that she/he is a better fit at a residency that also has a vacancy and is referred to that program. The directors are also masters at filling vacancies by recruiting community physicians on less than full-time to make up one FTE and meet accreditation standards. Currently, three of our residencies are recruiting for faculty. One program is also recruiting for a permanent director.

Contribution to Safety-Net

This objective was added in 2008, even though this area is not noted in COFM's legislative mandate. Historically, the family medicine residencies have served populations regularly served by Colorado's "safety-net". The benchmark is: 60% of the individuals served by the residencies are indigent, Medicaid or Medicare patients. The first year that this objective was directly addressed the actual percentage was 66.8%. This past year, the outcome was 71.6%: 33.2% Medicaid, 25.3% Indigent and 13.1% Medicare. Generally, the residencies, as other safety-net providers, are severely challenged to serve more patients. Concern is voiced about the impact of the additional uninsured that will gain insurance as the health care reform legislation is further implemented.

Improving Performance in the next 18 Months

The Governor recently appointed three new members to COFM. This brings membership to full complement. Two of the new members have a connection to the business community. COFM recognizes that developing a broader, stronger primary care system in Colorado that is accessible and affordable requires collaboration with the purchasers of health care—generally the business community. It behooves COFM to work on developing a plan to educate the business community as a strategy for building a partnership focused on health care costs, preventive services, and improved outcomes. The patient-centered medical home project referenced above shows promise. However, the research component of this endeavor has not yet compiled documentation of results.

While the GME Initiative is no longer under the auspices of COFM, this project is of great interest and importance to COFM's mission, vision, and implementation of its legislative mandate. As previously reported, several members of COFM are active in this project in leadership roles. Unless GME is reformed to be more primary care friendly, our residencies will not be able to expand, nor will new family medicine residencies arise. The GME Initiative will continue its efforts to work with the congressional delegations from the 12 states with representatives on this collaborative effort.

Recently, Colorado's two senators took the lead in preparing a letter to the Institute of Medicine (IOM) to "...encourage IOM to conduct an independent review of the governance and financing of our system of graduate medical education (GME)." The letter was signed by five additional senators. The letter specifically asks for attention "...to using GME to better predict and assure adequate workforce supply by type of provider, specialty, and demographic mix; distribution of physicians; the role of GME in the current care of the underserved; the impact of changes in GME on access to health care; and use of GME to assure a future workforce possessing the skill set to effectively address current and future health care needs." An additional interest noted in the letter is "...IOM's observations about the uneven distribution of FME funding across states based on need and capacity, and how to address this inequity."

Management Utilization of Strategic Plan and Other Planning Activities

COFM is directed through teamwork built on a project-managed structure. The projects are directly tied to the strategic objectives and outcome measures—from participation in recruitment activities from coast-to-coast to operating a rural/underserved month-long rotation required of every family medicine resident training in Colorado. The Executive Director holds weekly staff meetings that include reviewing programs' status, addressing challenges that may arise, and evaluating new opportunities that have arisen. Staff's participation in strategic planning is integral to the process and the framing of the resulting document and the annual "State of COFM" that the Executive Director prepares for COFM. Simply, the strategic plan is a "living" document for staff and members of COFM. It does not sit on a shelf collecting dust! The weekly meetings also serve to develop and fine-tune plans for the more complex COFM activities, such as the annual recruitment fair hosted by the American Academy of Family Physicians (that includes over 30 representatives from each of our residencies) and the

schedule for the 60 residents that will complete the required rural/underserved rotation in one of the seven approved rural communities and one community health center. COFM meetings often serve for additional planning, specifically when dealing with issues of policy or the Executive Director determines that COFM review and/or action is required for a new project or revision of an ongoing endeavor.