Colorado Academy of Family Physicians

1948-2018

Special 70th Anniversary History Edition
Kristian’s asthma was so severe, he would spend days in the ER instead of the classroom. That was before our doctors taught him how to control his asthma. Nowadays, you’ll find Kristian back in school, where he’s discovered a passion for art.

At National Jewish Health, the nation’s leading respiratory hospital, our pediatric specialists incorporate the latest research and treatments to help kids get back to being kids. We breathe science, so you can breathe life.

Appointments available within 48 hours for Front Range pediatric patients. Physicians can refer patients by calling our physician line at 800.652.9555 or visiting njhealth.org/professionals.

Breathing Science is Life.

Kristian
Student, Age 11

Pediatric conditions we treat include: Allergies (such as anaphylaxis, drugs, foods, rhinitis, urticaria, and venom), asthma, atopic dermatitis, autoimmune/autoinflammatory diseases, eosinophilic esophagitis, gastroesophageal/laryngopharyngeal reflux, immunodeficiency, pulmonary diseases, recurrent infections, sleep disorders, sinusitis, vasculitis, vocal cord dysfunction, wheezing in infants.

Our services include: Comprehensive food allergy testing/challenge, exercise physiology and lung function testing, genetic and immune function testing for immunodeficiency, neuropsychological testing, sleep testing.
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Vision Statement:
Thriving Family Physicians
creating a healthier Colorado.

Mission Statement:
The CAFP’s mission is to serve
as the bold champion for
Colorado’s family physicians,
patients, and communities
through education and advocacy.
PRESIDENT'S LETTER

STAFF PERSPECTIVE

70TH SUPPORTERS

CONGRATULATORY LETTERS TO THE CAFP

COLORADO ACADEMY OF FAMILY PHYSICIANS

70 YEARS STRONG

PROACTIVE FROM THE START

1960S BROUGHT TREMENDOUS CHANGE

COLORADO FAMILY MEDICINE IN THE 1970S

1980S AND 1990S SAW INNOVATIVE PROGRAMS, GROWING INFLUENCE

TAR WARS

LEGISLATIVE PROGRAM INCENTION AND ACHIEVEMENTS

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CAFP FOUNDATION

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CAFP FOUNDATION BOARD OF TRUSTEES
It is an honor to be asked to commemorate the 70th anniversary of our chapter. This whole publication will serve to review our history, and I try will not to embarrass my future-self by prognosticating what is coming down the road. Instead I would like to focus on where we are today, and share my perspective about our strengths based on the last 8 years I have been involved on the board.

We are strong because of the time and efforts put forward by our volunteer family physician board members. In my time, I have seen the board led by physicians who are academic faculty, business owners, community health workers, employees of large organizations, as well as members who juggle many titles at the same time. (Also hang-gliders, martial arts practitioners, dog aficionados, and golfers.) Each has brought their own perspective and passion, but what I have been more impressed by is their efforts to understand the forces affecting health care that may be outside their everyday experience. Just as in our clinical practice, board members admit when they don’t understand, ask clarifying questions, and educate themselves in order to best represent all members. I am proud to volunteer with such a group of committed, humble, and passionate individuals.

I will also acknowledge the strong interest in board service by both our resident and student members. I commend our learners on their desire to understand family medicine outside their clinical training, and welcome their continued activity as vital to our board’s activities.

We are strong because of changes implemented in our structure to become a more professional organization with greater ability to take action on the broad range of issues important to family physicians. This restructuring was led by our longtime CEO Raquel and directed by the board, and I believe has been remarkably successful. For 31 years Raquel has led our organization and been an ardent supporter of family physicians. She is a remarkable asset because of her passion, knowledge, and cultivated relationships within the healthcare field. She had also been a one-handed paper hanger running the business aspects of our board by herself, or with part-time or grant-limited staff. And while both passionate and effective solo, I think the entire board would agree that restructuring and adding full time staff has added to our board’s scope and effectiveness.

I would like to commend our full time staff on the strengths and value they bring to our board. As Director of Education and Meetings, Erin has focused on creating vibrant CME offerings responsive to the wishes of our members. She has expanded them beyond our traditional Annual Summit to include sessions to meet our ABFM requirements and address physician wellbeing. Lynlee has expanded our understanding of the varied background and perspectives of our individual members as Director of Communications, Marketing & Membership, and has helped us focus on underrepresented voices and needs in our membership. As Deputy CEO for Policy and External Affairs, Ryan has helped ensure that our board is at the table with many stakeholders including the legislature, professional groups, and regulators. He led a proactive attempt this year to introduce legislation that would decrease overall healthcare costs and appropriately value primary care services.

We are strong, and we may indeed have a dream team right now composed of a dedicated CEO, a professional staff, and a board composed of physicians (and future physicians) with a wide breadth of knowledge. We are united by the dual desire to advance our profession and advocate for the health of our patients and communities. I thank all of you who have been involved previously in the board and have helped us get to this place today. I encourage those of you who haven’t participated before to consider how your expertise would enhance the strengths of our board. And I look forward to seeing where we will go tomorrow!
Staff Perspective

Family medicine leads. The arc of the Academy’s history proves that case and offers hints of where the specialty is headed. In the 1960’s when general practitioners’ abilities were being questioned and their credentials were being stripped away by hospitals, they took a stand. They established family medicine as a board-certified specialty and adopted the highest standard of any specialty for continuing medical education. Colorado’s family physicians were in the vanguard. The place of the family physician in the heart of patients and at the head of our communities has only grown since.

What does the future hold for family medicine, and what will be the role of the Academy in shaping that future? It will most certainly be one of continued leadership. It will be further advancing the principles of a patient-centered medical home, of continuous and coordinated care built on the physician’s relationship with the patient. It will be physician-led care in collaboration with a team dedicated to addressing the needs of the whole patient.

Our work will also be to lead the charge for meaningful payment reform that works for patients and their primary care physicians. We will strive to reorient and transform our healthcare system so that primary and preventive care are at the center of healthcare delivery, adequately resourced to do the job. With just 5—7% of the healthcare dollar currently going to primary care, we have to double the investments made by payers in order to approach what other developed countries invest in their primary care systems. When we do, we will begin to see the gaps close on key measures of health like heart failure and diabetes.

Perhaps our most important work will be to continue cultivating the students and residents joining family medicine. More than 3,500 matched into a family medicine residency in 2018, the most in the history of the specialty. Supporting these emerging leaders will preserve the gains we have made in the specialty’s prominence and breadth of its scope, while positioning us at the forefront of medicine’s continual evolution.

As we look at the current challenges and frustrations of practicing in today’s environment, it can be invigorating to see the hard-fought battles won. We have a multitude of successes, from recognition of family medicine as a premier specialty, to repealing the Medicare Sustainable Growth Rate which threatened cuts to physicians for over a decade, to the medical home’s adoption as a preeminent model of healthcare delivery. The lessons of the past teach that persistence and tenacity will get us where we need to be.

We will get real payment reform done. We will continue to provide quality continuous medical education. And we will strive to foster a community for colleagues to come together around joint purpose, to share, and to teach the next generation. The future of this esteemed specialty depends on it.

-CAFP Staff

Congratulations to the CAFP on your 70th Anniversary

American Academy of Family Physicians  
American Academy of Pediatrics  
Colorado Chapter  
Aurora Health Access  
Center for Improving Value in Health Care  
Children’s Hospital Colorado  
Colorado Access  
Colorado Association of Family Medicine Residencies  
Colorado Commission on Family Medicine  
Colorado Community Health Network  

Colorado Department of Public Health & Environment/Immunization Branch  
Colorado Department of Public Health & Environment/Primary Care Office  
Colorado Hospital Association  
Colorado Institute of Family Medicine  
Colorado Medical Society  
Colorado Nurses Association  
Colorado Rural Health Center  
COPIC  
IBM  
Marjie Grazi Harbrecht, MD,  

MGHealthcare Insights, LLC  
Nelson Vetenze, DC  
Patient-Centered Primary Care Collaborative  
Reach Out and Read Colorado  
Representative Chris Kennedy  
Representative Lois Landgraf  
Senator Kevin J. Grantham  
SNOCAP - State Networks of Colorado Ambulatory Practices and Partners  
University of Colorado Department of Family Medicine
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July 6, 2018
Raquel J. Alexander, MA, CAE
Colorado Academy of Family Physicians
2224 S. Fraser St., Unit 1
Aurora, CO 80014

Raquel,

On behalf of our Board and our 2,000+ members, Aurora Health Access congratulates the Colorado Academy of Family Physicians on 70 years of service.

Our mission of improving access to care and creating a healthier Aurora, with a focus on our most vulnerable and underserved residents, is only possible with partners like you.

We wish you 70 more!

Gratefully,

Denise Denton
Executive Director

Raquel Alexander
Colorado Academy of Family Physicians
2224 S. Fraser St., Unit 1
Aurora, CO 80014

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Denise Denton
Executive Director

July 10, 2018
Raquel Alexander
Colorado Academy of Family Physicians (CAFP)
2224 South Fraser Street
Unit 1
Aurora, CO 80014

Dear Raquel and CAFP Staff:

On behalf of the Immunization Branch at the Colorado Department of Public Health and Environment, we would like to congratulate CAFP on its 70th anniversary. We have been honored to partner with CAFP for the past several years with the shared goal of increasing immunization rates across Colorado.

Family physicians are a vital part of the Colorado community. We value your commitment to keep Coloradans healthy and active by supporting statewide physicians.

Congratulations again on this milestone anniversary.

Sincerely,

Lynn Trefren, RN, MSN
Immunization Branch

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Sincerely,

Lynn Trefren, RN, MSN
Immunization Branch

Dear Colorado Academy of Family Physicians:

Congratulations! Seventy years is a milestone of which to be very proud! When you were founded in 1948, many physicians were returning to practice after serving in World War II and our Colorado communities were eager to have access to quality physicians practicing innovative medicine. CAFP continues to move the field of family medicine to the next level for Colorado patients and communities.

The Colorado Association of Family Medicine Residencies and the Commission on Family Medicine is proud to be a long standing collaborative partner and supporter of CAFP and its many valuable pursuits on behalf of family medicine. As sponsors of the Colorado Primary Care Collaborative, participating in their major events and advocacy efforts, and creators of the family medicine residency programs in the state, we have had many opportunities to experience the superb work of CAFP.

We share the common vision of building a strong primary care workforce in Colorado with highly qualified family physicians. Many graduates of the Colorado residencies have gone on to serve on the residents serving with CAFP. We also have collaborated on recruiting efforts, helping the residencies recruit high quality trainees and CAFP recruit resident members.

We will be right there beside you, supporting your mission of serving as a bold champion for Colorado’s family physicians, patients and communities for your next seventy years.

Again, our heartfelt congratulations and thanks for all you do for our family physicians.

Yours in Health,

Lynne Jones
Executive Director
Blaine Olsen, MD
Chair, CAFMR
Pam Ralston
Chair, COFM

July 6, 2018
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Colorado Academy of Family Physicians
2224 S. Fraser St., Unit 1
Aurora, CO 80014

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Yours in Health,

Lynne Jones
Executive Director
Blaine Olsen, MD
Chair, CAFMR
Pam Ralston
Chair, COFM
August 1, 2018

Zach Wachtl, MD, President
Colorado Academy of Family Physicians
2224 S. Fraser St., #1
Aurora, Colorado 80014

Dear Dr. Wachtl,

On behalf of the Colorado Medical Society, we enthusiastically join you in celebrating the 70th birthday of the Colorado Academy of Family Physicians and extend our best wishes and continued appreciation for the value, principles and mission of family medicine to achieve all Colorado citizens get the right care at the right time and place.

Primary care physicians anchor the work of the entire medical community. We are grateful for the vital collaborations we have shared over the years in the many issues and programs that mutually support the advancement of our profession, our patients, and our respective organizations. Please know the Academy will always enjoy our steadfast friendship and support.

Congratulations! May the next 70 years see the continued growth of Family Medicine and mutually beneficial collaboration between our organizations.

With best regards,

Robert Yakely, MD
President
Colorado Medical Society

Colorado Medical Society | 13123 E 16th Ave, Aurora, CO 80045
720-777-1234 | childrenscolorado.org

July 26, 2018

Raquel J. Alexander, WA, CAE
Chief Executive Officer
Colorado Academy of Family Physicians
2224 S. Fraser St., #1
Aurora, CO 80014

Dear Raquel,

On behalf of Colorado Hospital Association and its member hospitals and health systems, I want to congratulate the Colorado Academy of Family Physicians (CAFP) on reaching 70 years of dedication and service to its members. Since its inception, CAFP has continuously advocated the interests of its members by championing relevant educational programs and by advancing on behalf of Colorado’s family physicians.

CAFP has been a very good partner and for that we are sincerely grateful. CAFP and CHA have developed a strong relationship over the years, creating together to further our shared goals of improving health care and helping patients. CAFP’s leadership on crucial health policy issues and for its continued education of policy makers, key decision makers and the broader health community, we look forward to continued collaboration in the future.

Congratulations on 70 meaningful and purposeful years.

Sincerely,

Steven J. Zumberge
President and CEO

Colorado Hospital Association

August 15, 2018

Raquel J. Alexander, WA, CAE
Chief Executive Officer
Colorado Academy of Family Physicians
2224 S. Fraser St., #1
Aurora, CO 80014

August 15, 2018

Dear Raquel and CAFP Board of Directors,

For 70 years, you have supported family physicians, patients and communities in achieving health and wellness through education and advocacy. Your contributions to our state is invaluable.

We are grateful to be partners throughout the years, positively impacting the health of children and youth in Colorado and further simplifying the reach and respect of our academy, as we look to the next 70 years, working side-by-side. It is reassuring to know we will address the many challenges impacting our healthcare system together.

Congratulations on celebrating 70 years of providing outstanding professional advocacy and support for family physicians in Colorado and thank you for your unwavering commitment to the values that matter most to children and their families.

Sincerely,

Robert Yakely, MD
President
Colorado Medical Society

Larry Wolk, MD, MSPH, Executive Director and Chief Medical Officer
Children’s Hospital Colorado
July 13, 2018

To the Colorado Academy of Family Physicians

This is a letter of congratulations to the Colorado Academy of Family Physicians (CAFP) on its 70th anniversary this year.

As a physician and advocate for patient-centered medical homes, I have been fortunate to work with CAFP in my role as IBM’s Global Director of Healthcare Transformation, founding president of the Patient-Centered Primary Care Collaborative and HealthTerraWorks.

During the PCPCC’s first five years of tremendous growth, CAFP was a PCPCC’s strategic partner working with high-level leadership to develop and implement a complete strategic communication, branding and messaging campaign for the PCPCC in Colorado around PCMH transformation.

The Colorado CPPC did real call to action not only because of their extensive skills, but also because they are personally committed to the cause of primary care transformation.

Finally, I must add I enjoy working with the CAFP. They are nimble enough to change course as needed, and are always responsive, enthusiastic and mission-driven.

I would like to offer my whole-hearted congratulations on your 70th anniversary this year, 2018.

Sincerely,

Paul Grundy, MD, MPH, FACPM, FACOEM
IBM’s Global Director of Healthcare Transformation and Chief Medical Officer (retired)
Founding President, Patient-Centered Primary Care Collaborative
Professor, University of Utah Department of Family and Preventive Medicine

July 24, 2018

Colorado Academy of Family Physicians
Raquel Alexander, MA, CAE
Chief Executive Officer
2224 S. Fraser St., Unit 1
Aurora, CO 80014

Dear Colorado Academy of Family Physicians,

I’m writing to formally congratulate you on your 70th anniversary! What an incredible accomplishment!

I just want to thank you for your continued work and dedication towards improving healthcare in Colorado by representing our state’s family physicians.

It’s been my privilege to work together at the Capitol on these complex and important issues, specifically our work on SB17-287, SB17-088, and SB18-022. Your commitment to seeing the big picture has been critical to many of our successes these last two years, and I look forward to our continued partnership in the years ahead.

Here’s to another 70 years!

Sincerely,

Chris Kennedy
State Representative
Dear Raquel and the Colorado Academy of Family Physicians:

On behalf of the American Academy of Pediatrics, Colorado Chapter, I wish you heartfelt congratulations on CAFP’s 70th Anniversary! It has been an honor for AAP Colorado to partner with you during the last several decades, working together to improve the lives and well-being of Colorado families.

CAFP has much for which to be proud and much for which our Chapter is grateful for your leadership. Our state is a better place because of CAFP’s efforts on behalf of providers and the Coloradans they serve.

As the two premiere organizations representing primary care providers, it has been a privilege standing with CAFP “fighting the good fight” on behalf of Colorado families. These have been hard-fought and important achievements including securing adequate reimbursement and payment reform for providers, expanding access to health care coverage for children and families and supporting technology innovations to allow physicians to focus on their first and most important priority – their patients.

CAFP’s willingness to tackle issues critical to the practice of medicine has led to innovative (and needed) solutions that both improve the delivery of care and enhance the quality as well.

Whether at the Capitol or in coalition, we value our strong and successful partnership with CAFP. We look forward to another 70 years of success and continued victories together with you. Congratulations on this milestone.

Sincerely,

Meghan Treitz, MD, FAAP
Chapter President

American Academy of Pediatrics
Dedicated to the Health of All Children
Colorado Chapter

July 13, 2018

Colorado Academy Family Physicians
2224 S. Fraser Street, Unit 1
Aurora, CO 80014

To the Colorado Academy of Family Physicians

On behalf of the Patient-Centered Primary Care Collaborative (PCPCC), I am pleased to congratulate the Colorado Academy of Family Physicians (CAFP) on its 70th anniversary.

The PCPCC, a membership organization dedicated to advancing an effective and efficient health care system built on a strong foundation of primary care and the patient-centered medical home, is poised to work with organizations such as the CAFP that are devoted to advancing primary care transformation.

I applaud the CAFP’s leadership in building consensus around the importance of primary care. A few months ago, the CAFP led the charge to pass the Primary Care Infrastructure Creation bill. This bill would successfully lay the foundation for multistakeholder efforts and collaboration to drive greater investment in primary care. I am confident that you will succeed in this endeavor next year.

The CAFP has been a proponent of the PCPCC since its founding in 2006, and I look forward to continuing our collaboration as both organizations focus our efforts on increasing investment in primary care.

Sincerely,

Ann Greiner
President & CEO

Patient-Centered Primary Care Collaborative
601 13th Street NW, Suite 430N
Washington, DC 20005

July 13, 2018

Dear Raquel and the Colorado Academy of Family Physicians:

On behalf of the Patient-Centered Primary Care Collaborative (PCPCC), I am pleased to congratulate the Colorado Academy of Family Physicians (CAFP) on its 70th anniversary.

As the two premiere organizations representing primary care providers, it has been a privilege standing with CAFP “fighting the good fight” on behalf of Colorado families. These have been hard-fought and important achievements including securing adequate reimbursement and payment reform for providers, expanding access to health care coverage for children and families and supporting technology innovations to allow physicians to focus on their first and most important priority – their patients.

CAFP’s willingness to tackle issues critical to the practice of medicine has led to innovative (and needed) solutions that both improve the delivery of care and enhance the quality as well.

Whether at the Capitol or in coalition, we value our strong and successful partnership with CAFP. We look forward to another 70 years of success and continued victories together with you. Congratulations on this milestone.

Sincerely,

Meghan Treitz, MD, FAAP
Chapter President

American Academy of Pediatrics
Dedicated to the Health of All Children
Colorado Chapter

August 23, 2018

Dear Raquel and the Colorado Academy of Family Physicians:

On behalf of the American Academy of Pediatrics, Colorado Chapter, I wish you heartfelt congratulations on CAFP’s 70th Anniversary! It has been an honor for AAP Colorado to partner with you during the last several decades, working together to improve the lives and well-being of Colorado families.

CAFP has much for which to be proud and much for which our Chapter is grateful for your leadership. Our state is a better place because of CAFP’s efforts on behalf of providers and the Coloradans they serve.

As the two premiere organizations representing primary care providers, it has been a privilege standing with CAFP “fighting the good fight” on behalf of Colorado families. These have been hard-fought and important achievements including securing adequate reimbursement and payment reform for providers, expanding access to health care coverage for children and families and supporting technology innovations to allow physicians to focus on their first and most important priority – their patients.

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Whether at the Capitol or in coalition, we value our strong and successful partnership with CAFP. We look forward to another 70 years of success and continued victories together with you. Congratulations on this milestone.

Sincerely,

Meghan Treitz, MD, FAAP
Chapter President
Colorado Academy of Family Physicians
2224 S. Fraser St., Unit 1
Aurora, Colorado 80014

To the Members of the Colorado Academy of Family Physicians:

Congratulations on the 70th anniversary of the Colorado Academy of Family Physicians (CAFP)! As you celebrate 70 years of being its home, I am honored to share my thoughts on how CAFP has evolved and its impact on rural communities.

CAFP has been a steadfast advocate for rural family physicians since its inception. The organization's commitment to improving access to healthcare in rural areas has been unwavering, and itscollaboration with the Colorado Rural Health Center (CRHC) has strengthened the provision of care in these communities.

Most recently, CAFP and CRHC collaborated to get the preceptor tax credit bill passed. This policy recognizes the importance of mentorship and the role of preceptors in training the next generation of family physicians.

Thank you for your commitment to rural healthcare and for your continued support of family physicians in Colorado. I wish you a prosperous 70th anniversary!

Sincerely,

Michelle Mills
President and Chief Executive Officer

Colorado Rural Health Center
2224 S. Fraser St., Unit 1
Aurora, CO 80014

August 24, 2018

The Colorado Rural Health Center (CRHC), the State Office of Rural Health, and Rural Health Association in Colorado wishes to congratulate the Colorado Academy of Family Physicians (CAFP) on their 70th Anniversary! Thank you for your years of service to the Colorado community and your impact both locally and nationally.

Sincerely,

Michelle Mills
Chief Executive Officer
Colorado Rural Health Center
Here, this is a SUBMARINE

Or a spaceship. Or a movie theater. Before the MRI that will help Dr. Michael Handler and his team plan Jacob’s seizure surgery, Jacob transformed the room into an ocean. It reduced his anxiety and eliminated the need for sedation, making this procedure safer. The end result: a calm environment for Jacob and more accurate results for the neurosurgery team at one of the top 10 children’s hospitals in the country.

Children’s Hospital Colorado
Here, it’s different.

100+ Years Dedicated to Kids
TOP 10 Hospital in the Nation
2000+ Pediatric Specialists
3x Magnet Recognized
The specialty of family medicine has a long and storied history of talented physicians caring for patients from cradle to grave, providing whole-person care grounded on an ongoing patient-physician relationship to generations of families.

For the past 70 years, the Colorado Academy of Family Physicians (CAFP) has supported Colorado family physicians as they serve and advocate for their profession and patients. This work benefits not only individual patients, but also the profession and the overall health of Coloradoans. CAFP is the Colorado state chapter of the American Academy of Family Physicians (AAFP), translating the strength of the national organization to the state and local level.
The Colorado Academy of General Practice was founded June 16, 1948, one year after the founding of the American Academy of General Practice and 12 years after the creation of the American Board of Medical Specialties. Cyrus Anderson, MD, was the first CAFP president and also served on the AAFP board of directors from 1953 to 1956.

From the early years, general practitioners had to compete with more highly specialized physicians, to obtain fair reimbursement and to recruit new physicians. A low point came in the early 1960s when future general practitioners made up only 5 percent of medical school graduates.

Also from the start, family physicians participated in proactive, preventive and educational activities, addressing such issues as alcohol abuse and sexuality. Patients and the public valued their services; according to one report, as late as 1961, 75 percent of the public said they preferred to see a general practitioner for family illnesses, 68 percent reported knowing their general practitioner for at least five years, and 85 percent of people had a family doctor.

Both within the state and nationally, family physicians maintained a high degree of visibility. In the state, this visibility was aided by Family Doctor Week, which Colorado Governor John Love first proclaimed in 1963, and by a radio show titled “House Call” that started in 1965. Family physicians and other doctors spoke on topics of their choosing and then took questions from listeners.

Nationally, Colorado family physicians made a name for themselves by bearing gifts when they attended meetings of the American Academy of General Practice. One year, five members brought 500 carnations to a meeting on the East Coast, carrying what one report described as “funeral boxes full of carnations” on New York City taxis. At other times, CAFP members awarded fresh Colorado beefsteaks and dude ranch vacations as door prizes.
Tremendous changes in the nation during the late 1960s brought changes of equal magnitude to family physicians in Colorado. The American Academy of General Practice initially opposed board certification but in order to attract new doctors, resistance gave way to support.

From the AAFP Foundation site: “When did Family Medicine become a specialty? Family Medicine (then known as family practice) officially became a medical specialty in the United States on February 8, 1969, when the amended final application was approved by the Advisory Board for Medical Specialties and the AMA Council on Medical Education in Chicago. This approval empowered the American Board of Family Practice (now the American Board of Family Medicine) to conduct examinations and to grant certification to family physicians.”

Not only did the national general practice organization embrace certification, it also adopted arguably the strictest continuing medical education requirement of any specialty and took steps to develop a rigorous certifying exam. The new specialty also required that accredited residency programs establish centers where residents would see patients throughout their residency training.

The board certification, strict medical education requirements, and accredited residency programs had the desired effect, as an increasing number of medical school graduates chose family medicine. There had been some speculation that the increase may have had a connection to the Vietnam War, as the same surge of humanitarian sentiment that was behind opposition to the war also led doctors to choose family medicine.

As part of Lyndon B. Johnson’s “Great Society,” Medicare and Medicaid were created in 1965 and their implementation began the following year. Public Law 89-97 stated “Nothing in this title shall be construed to authorize any Federal officer or employee to exercise any supervision or control over the practice of medicine or the manner in which medical services are provided…” Despite this law, however, Medicare and Medicaid had very significant effects on the practice of medicine, extending even to the funding of specialties. Generally, all doctors wanted a larger piece of the pie in terms of increased Medicare and Medicaid funding. The specialties competed for their pieces and primary care physicians often ended up with smaller slices.

While diversity was not yet a buzz word, the civil rights and women’s liberation movements were paving the way for women, people of color, and those of all sexual orientations to take larger roles in family physician organizations.
In 1971, the American Academy of General Practice became the American Academy of Family Physicians, and Colorado followed suit soon after, becoming the Colorado Academy of Family Physicians. Colorado was home to one of the nation’s first general practice residency program, which was established at the University of Colorado Health Sciences Center in Denver in 1947. The general practice residency was actually a 2-year residency. Some programs were a 1 + 1, where they did their internship in one location and residency in another location. The general practice residency at the University of Colorado included both years in the same location. Training became more intense when Family Medicine officially became a medical specialty in 1969, and the residency in family medicine became a 3-year program.

By 1971, the University of Colorado Family Medicine Residency was accredited and a second residency program was in place at Mercy Hospital in Denver. In 1974, the first family medicine residency with a focus on rural Colorado opened in Greeley and additional programs followed in Pueblo, Grand Junction and Fort Collins. The AF Williams Family Foundation bestowed a gift in 1976 to the Department of Family Medicine to purchase a building for the residency. They purchased the Clermont Building next to Rose, and the residency moved into this building.

In about 1996 the residency split into the University of Colorado Hospital Family Medicine Residency and the Rose Family Medicine Residency.

In 1975, the Department of Family Medicine at the University of Colorado School of Medicine became a freestanding department, separating from the Department of Internal Medicine, where it had been until that time. Working with the university, faculty of the new department quickly made efforts to diversify. Financial aid programs were expanded and students from minority and poorer backgrounds were recruited. Rural preceptorships, which had been offered for many years, were increased in number, allowing a larger number of medical students to explore the specialty of family medicine as a career path.

“The growth of the Department of Family Medicine has been a great success in Colorado over the past 30 years,” said David M. West, MD, program director of St. Mary’s Family Medicine Residency. “When I started residency at the University of Colorado School of Medicine in 1975, there was one full-time director of the family practice residency, and he was an internist, and the other faculty member was a pediatrician. Neil Chisholm, MD, and Frank Reed, MD, were part-timers, and those four were the entire faculty. They started promoting the need for primary care and hired enlightened faculty such as Larry Green, MD, and Gene Farley, MD. The department has grown tremendously since those days.”

By 1976, the number of family physicians was growing and the profession was thriving, largely because the public still wanted family physicians as their care providers and due to the appeal of the specialty to idealistic young medical school graduates.
In April 1980, the CAFP board of directors agreed to hire a full-time executive director for the Academy, choosing the executive secretary at that time, Shirley Myers, for the position.

During the 1980s and 1990s, the Colorado Academy of Family Physicians began several innovative programs that continue to serve Coloradoans today.

In May 1980, Steve Thorson, MD of Fort Collins met with the Colorado Senate Health, Environment, Welfare and Institutions (HEWI) Subcommittee in early March 1980 to testify that current levels of Medicaid reimbursement for physicians’ services were woefully inadequate. Further, he testified that because of these low levels of reimbursement, physicians were alienated by the program, patients were going without care from time to time, and patients were receiving care in a very expensive manner (for example, in the emergency room) which could be provided at a much lower cost were it available through practicing physicians’ offices.
One Hour = Healthier Kids

Present the tobacco-free message at a local school.

In just one hour, you can give kids in your community the gift of longer, healthier lives.

How? Volunteer to be a Tar Wars presenter. The experience is rewarding!

Make a positive impact in your community.

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TAR WARS

In 1988, CAFP and AAFP past president Jeffrey Cain, MD, worked with Glenna Pember, PA, to launch Tar Wars. In 20 years, what started as a local notion has expanded into a campaign that involves thousands of health care professionals and other volunteers reaching out to millions of fourth- and fifth-graders in the U.S. and 16 other countries. Tar Wars’ message, delivered in hour-long classroom presentations, is always the same: The tobacco industry uses advertising to manipulate potential users by making smoking appear sexy, glamorous, and cool. Studies have shown that Tar Wars, now administered by the American Academy of Family Physicians, is effective at educating and raising the awareness of youth regarding tobacco.
LEGISLATIVE PROGRAM INCEPTION AND ACHIEVEMENTS

Colorado family physicians have been at the forefront of activities that have the potential to transform the state’s health care delivery system and, thereby, the lives of Coloradans.

In September 1982, Flo Mendez and Dicky Lee Hullinghorst of Herick Roth Associates were hired as lobbyists for the CAFP. The first CAFP Legislative Affairs Committee was co-chaired by Steve Thorson, MD, and Martin Kiernan, MD.

The goals of the Academy’s legislative program were to: (1) improve the image of the Academy and family physicians in general; (2) establish credibility for the CAFP organization and the practice of family medicine; (3) educate legislators about the importance of family medicine and about the issues, problems and opportunities which are encountered in family practice; and (4) familiarize member physicians with the governmental processes which may dramatically affect their profession.

The goal of the newly formed Public Relations Committee, chaired by Earl Carstensen, MD, and John Van Buskirk, MD, was to better inform the public, as well as the legislative branch. Two new programs included the “Doctor for a Day” program and an active lobbying arm of the Colorado Academy.

The new Doctor of the Day program began in Colorado on Jan. 3, 1983 with the opening of that year’s legislative session. The intent of the program was to place a volunteer member of the Academy at the Capitol on each day of legislative activity to increase visibility of the physician and specialty to the legislators. An equally valuable purpose was to familiarize CAFP members with the workings of the state legislature.

Legislator Harvey Phelps, MD, from Pueblo, had been providing medical services to the legislature as well as performing his duties as an elected official. CAFP members began volunteering to give up a day at a time – or a half-day on Fridays – to tend to whatever medical needs arose at the Capitol. Often these doctors have treated patients only for headaches and other minor complaints, but occasionally, they have saved lives. Also while at the Capitol, members can talk to the lawmakers from their districts, observe the legislature in action and speak formally as medical experts.
MALPRACTICE LIABILITY REFORM

In the 1980s, extraordinary increases in malpractice liability premiums threatened the ability of family physicians to continue delivering babies and providing emergency services in rural Colorado.

“Premiums were going up 50 percent or more each year,” said David M. West, MD. “CAFP took leadership on the issue; we met with the CMS [Colorado Medical Society] and other leaders of medicine who gathered in Denver, and refuted claims that comprehensive tort reforms were impossible.”

Dr. West recalls that he, along with Kenneth Olds, Jr., MD, and CAFP Executive Vice President Raquel J. Alexander, MA, CAE, appeared before the state insurance commissioner and successfully achieved a freeze on rates for family physicians in 1987.

Dr. West continued, “The biggest achievement was passage of the Health Care Availability Act in 1988. This bill was outlined, named and promoted by CAFP leaders throughout the state. George Dikeou, Esq., was the brilliant attorney who wrote the HCAA, which has served our state so well. Its passage set the standard for tort reform in the U.S. and has resulted in a very stable medical liability environment in Colorado for the past 20 years.”

Dr. Olds concurred: “Working with the Colorado Academy of family physicians has been one of the most rewarding parts of my career! Particularly helping with the healthcare availability act, major tort reform which has helped with the cost of healthcare for the people of Colorado!”

CAFP FOUNDATION

In 1990, the CAFP Foundation was established as a non-profit organization devoted to the development, training and education of family physicians throughout Colorado. The foundation, which functioned as the philanthropic arm of the CAFP, also supported community-based health-oriented projects. It administered Tar Wars and organized summer preceptorships until the Department of Family Medicine at the University of Colorado School of Medicine took over the preceptorship program. The CAFP Foundation now administers scholarships for residents and students, leadership development, and other grant programs including a marijuana curriculum fashioned after the Tar Wars program, and a Violence in Health Care research and education project.

Glenn Cosh, DO, a founding member of the CAFP Foundation and its first president, and a past president of the CAFP, said, “As an academy, we’re accustomed to associating the word ‘family’ with our patients; however, in truth, the connotation also includes us as physicians and the staff that supports us. I thank our Colorado Academy for allowing me to be the first DO in the country to preside over a state chapter.”
In 2007 the CAFP headed an initiative to improve the Medicaid system in Colorado, utilizing a plan from North Carolina that saved millions of dollars and improved quality and outcomes. Kent Voorhees, MD chaired the Medicaid Reform Task Force, a joint task force with the CAFP and the CMS. The intent of the task force was “to improve the quality of care and efficiency of Medicaid, which would create cost savings and allow for increased reimbursement which would recruit more physicians and allow increased enrollment.”

The Medicaid Reform Task Force recommended hiring a medical director for the Colorado Department of Health Care Policy and Financing (HCPF), reorganizing the Medicaid system, establishing a medical home for each enrollee, establishing a coordinated case management system, and establishing local networks. The result of this task force led to Medicaid’s highly acclaimed Accountable Care Collaborative system. In a letter, Colorado Gov. John Hickenlooper indicated that this new system was expected to provide $86 million in savings to the state of Colorado in its first year.
FLIP THE SCRIPT ON STUDENT DEBT

As you finish residency and enter your practice, you probably have lots of questions about your student loans. Should you refinance? Will Public Service Loan Forgiveness be there for you? How can you set yourself up for financial success?

Congratulations to the Colorado Academy of Family Physicians on its 70th Anniversary! Navigate proudly partners with the Academy in its New Physicians Benefits Package.

To schedule your free* student loan consultation, go to: navigate.as.me/CAFP or email Joy@navigatestudentloans.com

*Eligibility: All graduating residents and new physicians up to 7 years into their practice who are planning to practice, or are currently practicing, in Colorado.
CAFP HELPS REFORM MEDICARE PAYMENT

In 2015, CAFP worked with AAFP to pass the Medicare Access and CHIP Reauthorization Act (MACRA), which reformed Medicare payment and ended the flawed Sustainable Growth Rate (SGR) after more than a decade of advocating for its change or elimination. MACRA turned a new leaf in the era of payment reform, offering a path to accelerate the movement away from fee-for-service. CAFP joined a Quality Payment Program Coalition to inform family physicians how to best take advantage of the new law to support advanced primary care practice.

CAFP ADVOCATES FOR FAMILY MEDICINE

CAFP strongly supported the Affordable Care Act and its chief tenets of expanded Medicaid coverage and prohibition on insurers denying coverage for patients’ pre-existing conditions.

CAFP supported legislation that ultimately expanded Medicaid to adults without dependent children in Colorado, as well as legislation that created a Colorado-run health insurance exchange for Coloradans purchasing insurance on the individual market. Since that time, CAFP has been a staunch supporter of maintaining the Medicaid coverage expansion, playing a role in securing continued funding and standing up against efforts to unwind coverage gains through restrictions on who is eligible.

Advocacy plays a central role in our work to serve as the bold champion for Colorado’s family physicians and patients. When the Affordable Care Act expanded Medicaid to cover hundreds of thousands of Coloradans, primary care reimbursements were also temporarily increased to ensure family physicians would have the resources to treat the newly insured. Facing a 25 percent cut at the expiration of these funds in 2016, CAFP rallied the primary care community to make the case to state lawmakers that such severe cuts would jeopardize the ability of patients to access their doctor. Physicians would have to close their doors to Medicaid or risk the sustainability of their practice. In the end, CAFP prevailed and secured over $50 million annually to ensure patients could continue to access primary care and get the kind of care that keeps them healthy.
LEGISLATIVE EFFORTS

In 2007, the AAFP recognized the Colorado chapter for its role in the passage of a bill that enhanced immunization tracking in the state. Among our many legislative efforts, CAFP lobbied in 2013 to establish five rural training tracks at Colorado’s family medicine residencies, which are now training 10 family physicians each year in rural communities. We established a state income tax credit in 2016 to support family physicians who precept medical students in rural areas, ensuring students can get exposure to rural medicine because when they do, they are much more likely to return and practice there. And we supported physicians forging a new path in family medicine who are eschewing the frustrating insurance system, returning focus to the patient and opening Direct Primary Care Practices. CAFP shepherded legislation in 2017 that protects physicians pursuing this type of practice from being regulated like an insurance company. John Bender, MD, the champion behind the bill, said: “Direct Primary Care allows consumers the option to purchase health insurance for their coverage, and family medicine for their care. Everyone needs primary care, so why not include it into the monthly budget like groceries?” In 2017, the CAFP received the AAFP legislative award for the passage of the Direct Primary Care Bill.

In 2017, CAFP launched the Primary Care Investment Initiative to focus attention on the fact that the primary care system is critically under-resourced to do the type of prevention, chronic disease management, and population health that will lead to healthier communities. Only 5 percent of each health care dollar is invested in primary care, while over 50 percent of the visits are made to primary care. The CAFP’s initiative was launched to increase the statewide investment in primary care to 15 percent of health care spending so that family physicians have what they need to hire social workers, integrate behavioral health into their practices, and provide the kind of advanced primary care patients deserve.
NATIONAL ADVOCACY

From annual discussions at the AAFP’s Congress of Delegates, as well as from resident and student feedback to the Commission on Education, it became clear to the CAFP that support for diversity and inclusion efforts on an ongoing basis was critical to the fundamental well-being of our members and the long-term health of the Academy.

Doing something different to change longstanding patterns of behavior and fill longtime service gaps often requires bold action and new initiatives with staying power. The CAFP channeled this energy into a resolution and efforts at the Congress of Delegates which highlighted this topic’s importance to the AAFP’s Board of Directors and helped to fuel the creation of the AAFP’s Center for Diversity and Health Equity, which will play a major role in AAFP activities and discussions going forward.
David M. West, MD, program director of St. Mary’s Family Medicine Residency, recalled success in the area of medical school education.

“A major achievement of the CAFP was the promotion of primary care education at the University of Colorado. In the past, medical schools, including the University of Colorado School of Medicine, taught surgery, pediatrics, ob-gyn, internal medicine, etc. and neglected primary care and all of its values. The typical medical school experience was one of the faculty demeaning family physicians and other primary care providers and convincing the students that the best career paths were the most sub-specialized. The CAFP challenged these attitudes and values and helped change the curriculum despite the initial strong resistance of the UCSOM.

“Medical school in the 1980s usually had no primary care provider education, but by 2000 primary care had become a major part of the educational program. This transformation came about because of the work of CAFP members. We were volunteer family practice block rotation teachers, we went before the curriculum committee of the UCSOM for three consecutive years, and we wrote and introduced a bill in the state legislature to force change to the curriculum.

“All of these efforts were essential in attempting to make primary care education a major part of the education of physicians at UCSOM. Most of medical school education is hospital-based, which influences specialty choice biases. Dr. Krugman [Richard Krugman, MD, a pediatrician who was dean of what was the University of Colorado School of Medicine] helped in attempts to transform the educational programs to teach and value primary care. The multi-faceted fight to overcome bias against family medicine and primary care continues at the School of Medicine and at academic medical centers.”
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CAFP MEMBERS LEAD IN OTHER CAPACITIES

CAFP members have been and continue to be active on many fronts, helping to shape the future of medicine in the state and nation, and working to provide comprehensive family medicine for all.

Larry Green, MD, was one of the Colorado-based pioneers in developing primary care practice based research networks from 1979 through 1995 and served as founding director of the Ambulatory Sentinel Practice Network (ASPN), the first national primary care practice based research network in the United States. He was the founding director the American Academy of Family Physician’s Robert Graham Health Policy Center in Washington, D.C. 1998-2004. He co-chaired the steering committee for Preparing the Personal Physician for Practice, a national innovation project focused on redesigning family medicine residencies, 2006-2015.

Ned Calonge, MD, MPH, was the chief medical officer for the Colorado Department of Public Health and Environment from 2002 to 2010. Larry Kipe, MD, was one of nine members of the Colorado Board of Health from 2007 to 2011. Dr. Kipe also participated on the Colorado Rural Health Center board of directors from 2012 to 2017.

From 2005 until 2013, Jeffrey J. Cain, MD, helped to regulate Medicaid and the Child Health Plan Plus program through his membership on the 11-member Medical Services Board and served as the Medical Services Board president 2008 to 2009. Dr. Cain served on the Colorado Children’s Immunization Coalition from 2005 to 2010 along with John Bender, MD, and Martin Pirnat, MD. Mark Wallace, MD, was the vice chair of the 27-member Blue Ribbon Commission for Health Care Reform in 2008. Kent Voorhees, MD, chaired the Medicaid Reform Task Force from 2006 to 2012. Dr. Cain was a member of the Colorado Commission on Affordable Health Care, which issued its final report in June 2007.
CAFP’S 60TH ANNIVERSARY IN 2008: CHALLENGES AND OPPORTUNITIES

As it had throughout its history, the CAFP in its 60th year faced substantial challenges as the Academy pursued lofty goals for improving the health of Coloradans. Two challenges that faced family medicine were interrelated: The profession was undervalued and it faced an impending shortage in the face of Colorado’s growing population.

“Medicare has been a challenge,” said AAFP and CAFP Past President Jeff Cain, MD, “because payment rates have been dropping, especially for primary care. When you’re losing money on every patient, it’s hard to make up the losses through volume.”

In rural areas of Colorado, family physicians made up 73 percent of the primary care physician workforce. Without them, all but five of Colorado’s 64 counties would have been designated full or partial health professional shortage areas.

“Primary care is the foundation of a sustainable and accessible health care system and the Family Physician is the foundation for primary care,” a CAFP brochure stated. Family physicians offer care that is financially and medically effective. “The medical literature is replete with evidence that clearly affirms the consequences of reduced access to primary care. Patients won’t stop getting sick, but if they are unable to access much-needed and less-expensive preventive and primary care services, they will be forced to seek more costly care in our already overcrowded emergency rooms.”

An approved $6 million loan repayment program recognized the shortage of primary care physicians in rural areas and urban clinics and provided some relief. The program, funded through the Colorado Health Foundation, in association with the Colorado Community Health Network and the Colorado Rural Health Center, helped up to 12 physicians a year who work in these clinics with paying off their medical school debts.

While significant, the program was not of sufficient magnitude to provide a permanent solution to the shortage of primary care doctors in Colorado.

NEW LOGO COMMUNICATES CAFP VALUES

To reflect its evolution over the years and its important role leading the way in the future of health care in Colorado, the CAFP adopted a new logo in 2008, modeled after the AAFP’s new logo.

The logo which is still being used today, consists of a simple, stylized graphic image that shows a torch with a serpent wrapping around it. The torch’s guiding light embodies honor, valor and victory. The serpent signifies the Aesculapius staff, which is named for the Roman god of medicine and healing and symbolizes healing and the renewing power of life.

Two taglines are used in conjunction with the logo graphic: “CAFP: Bold Champion for Colorado Family Physicians;” and “Colorado Academy of Family Physicians: Strong Medicine for Colorado.”

COLORADO ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR COLORADO
The Colorado Academy of Family Physicians was an early supporter of a new paradigm in health care, the patient-centered medical home. This concept formalized the care that members already provided that centered on the delivery of quality, timely, and integrated primary care.

The idea for patient-centered medical homes was developed by a national coalition of seven groups that initiated the Future of Family Medicine project in 2002. The authors stated in their 2004 report that “everyone should have a personal medical home that serves as the focal point through which all individuals – regardless of age, sex, race or socioeconomic status – receive acute, chronic and preventive medical services.”

With a patient-centered medical home, every Coloradan would have a relationship with a primary care physician that would serve as the focal point for all of the individual’s care. Through the medical home, primary care physicians would work with other specialists to provide care that is patient-centered, coordinated and effective.

CAFP Past President Larry Kipe, MD, stated, “The model provides an easy-to-use point of entry into the health care system; coordinates ongoing, comprehensive medical care that is appropriate and consistent with the patient’s needs and values; and places the patient at the center of all choices concerning their care.”

To support the medical home concept, the Academy promoted case management and electronic medical records. In addition, partly through the efforts of Dr. Cain and other members, changes in the Child Health Plan Plus made it possible for all children who are eligible for Medicaid to have a medical home.

Many of the organization’s advocacy efforts have supported medical homes in some way.

The Colorado Association of Family Medicine Residencies, which now comprises 12 programs, also embraced the concept and practice. Posted on its website is a position paper titled “Framing the Medical Home: A Key to Accessibility, Affordability and Personal Responsibility in Health Care.”

The seven principles of the patient-centered medical home are:

- An ongoing relationship with a personal physician to provide first contact, continuous and comprehensive care,
- A physician-directed team,
- Care is oriented toward the whole person – caring for all of the patient’s health care needs or arranging care with other qualified professionals,
- Care is coordinated and/or integrated,
- Quality and safety are important features,
- Enhanced access to care is available, and
- Payment should recognize the added value the patient-centered medical home provides.
COLORADO PRIMARY CARE COLLABORATIVE

Under the leadership of Robert Brockmann, MD (CAFP president 2012-2013) the Colorado Primary Care Collaborative (CPCC) was launched in 2013, modeled after the Patient Centered Primary Care Collaborative (PCPCC). Paul Grundy, MD, then the Global Medical Director of IBM and one of the founders of PCPCC, visited Colorado several times to give his support, advice, and speak at CPCC’s convenings. From 2013 through 2017, CPCC was housed under the CAFP Foundation and was moved to the CAFP in 2018. Leaders of CPCC and the steering committee were Scott Hammond, MD, Dan Burke, MD, and Archie Villavert, MD.

Beginning in January 2014, the CAFP Foundation led a large-scale collaboration addressing health care reform in Colorado. The Colorado Primary Care Collaborative began with a convening of stakeholders from the Colorado community who shared a commitment to creating a more efficient and effective health system through a strong foundation of primary care and the Patient-Centered Medical Home (PCMH). The goal was to create marketplace demand for the PCMH, driving much-needed payment reform. The CPCC held annual convenings from 2014 through 2018 to further the Collaborative’s vision and mission.

The U.S. spends approximately 30% of its health care budget, or $700 million annually, on unnecessary health services. In Colorado, health care costs are rising at an unsustainable rate. The PCMH is an approach to providing comprehensive primary care for children, youth, and adults. This approach facilitates partnerships between individual patients, families, and the medical home team. The PCMH helps achieve the goals of the Triple Aim: improving the experience of care, improving the health of populations, and reducing per capita costs of health care.

A 2012 review of 46 medical home initiatives throughout the U.S. provided significant evidence that the PCMH model reduces spending by reducing inpatient admissions, emergency department use, hospital readmissions, and other factors. However, the transformation to become a PCMH is extremely complex and time-consuming. Furthermore, the health community as well as the general public are underinformed about the benefits of adopting the PCMH model. The CPCC aims to address these issues by focusing on delivery reform, payment reform, patient engagement, benefit redesign, and primary care practice transformation efforts across Colorado during the convenings. A recent evaluation of medical home initiatives demonstrated that the PCMH system results in up to a 70% reduction in emergency room visits, 40% lower hospital readmissions, and hundreds of millions of health care dollars saved.

Modeled after the national Patient Centered Primary Care Collaborative (PCPCC), the CPCC carries out its mission by working in partnership with CAFP members and PCMH advocates. The organization promotes its vision to patients, purchasers, businesses, health plans, and government by: 1) Disseminating results and outcomes from medical home initiatives and clearly communicating their impact on patient experience, quality of care, population health, and health care costs; 2) Advocating for public policy that advances and builds support for primary care and the medical home, including payment reform, patient engagement, and employer benefit initiatives; and 3) Convening health care experts, thought leaders, and consumers to promote learning, awareness, and innovation of the medical home model.
Utilizing a grant from CDPHE from Feb. 2007 through June 2010, the CAFP partnered with the Colorado Medical Society to train members through the Disaster Preparedness Project to prepare for potential bioterrorism and other disasters. In 2007, recognizing the pediatric obesity crisis, under the leadership of CAFP President Luke Casias, MD, the CAFP created the program “Fit Family Challenge: Addressing Childhood Obesity in Colorado.”

Participants in the project included the Colorado Academy of Family Physicians, University of Colorado Department of Family Medicine, HealthTeamWorks, Heart Smart Kids, and the Colorado Chapter of the American Academy of Pediatrics.

Project leaders were Luke Casias, MD, family physician; Raquel Alexander, CAFP CEO; Sarah Roth, CAFP Fit Family Challenge Program Manager; Bonnie Jortberg, PhD, RD, CDE, CU-School of Medicine, Department of Family Medicine; Carolyn Swenson of HealthTeamWorks; and Natalie Russell of HeartSmartKids.

The project aimed to integrate childhood obesity guidelines and a practice-based intervention into clinical primary care settings across Colorado, with a focus on rural and underserved populations so physicians had the tools they needed to diagnose and treat children struggling with obesity.

The project brought obesity-related clinical guidelines from “theory into practice,” first in the primary care practice setting and second in the home and community by creating diagnostic and treatment tools for physicians to utilize in clinical practice.

In 2017 the CAFP started a Marijuana Education and Prevention project aimed at 4th and 5th graders. The curriculum is being developed by Family Medicine residents and grants are being sought to support the dissemination of the information.

Physician burnout is a growing concern across the medical community. Family physicians are particularly hard hit by this problem. In 2017, over 47% of CAFP members surveyed identified physician wellness and burnout prevention as a priority they would like to see the CAFP tackle, second only to payment reform.

The CAFP answered the call and hosted our first ever wellness conference in 2017, Resilience in Action: Practical Advise for Wellness In & Out of Practice. The conference was held in Breckenridge and covered topics like peer support, values identification, mindfulness and more. The goal was to give attendees no-nonsense tips they could take back to both their practice and home to help them succeed in a system that is frequently imperfect.

The CAFP has undertaken many efforts to better the well-being of family physicians, at work and at home. One such effort is the Primary Care Movers and Changers program, a collaboration between primary care organizations across Colorado to empower primary care providers to advocate for themselves and for their patients.

The CAFP continues to focus on ways to keep physicians healthy and happy. From overall system change to leadership training, wellness activities and beyond, physician health remains a priority of the CAFP and its leaders.

The CAFP created a video version of the Tar Wars presentation to give all schools access to a message of tobacco prevention from a family physician.

Improving vaccination rates across Colorado continue to be a focus for the CAFP. At the 2017 Wellness Conference a special panel of vaccine experts from across Colorado and the US gathered to talk about increasing key adolescent vaccinations.

STOP AND IMAGINE

PREVENTING MARIJUANA USE IN COLORADO YOUTH

In response to physician and community demand, CAFP created a youth marijuana use prevention curriculum to be presented in Colorado schools.
CAFP CAN FILL INDISPENSABLE ROLE

The tools Colorado family physicians can utilize have advanced. Now scopes and thermometers are joined by scans and MRIs. Electronic records and telehealth communications supplement face-to-face contact. Advocacy involves complicated programs and funding mechanisms. All of these tools and others contribute to members’ ability to fulfill the “indispensable role” of its vision statement, “Thriving Family Physicians Creating a Healthier Colorado.”

MEMBERSHIP

The Colorado Academy of Family Physicians today boasts more than 2,500 members. The number reflects a significant increase over the 1,550 members in 1998 and is more than eight times the membership of 300 in 1960.

The organization and the field have not always experienced steady or easy growth, however. A decrease in the number of medical students entering the specialty has been a frequent problem, especially when medical students have been able to anticipate higher incomes in other specialties. While 33 percent of medical students went into general practice in 1950, that proportion decreased to 18 percent in 1965.

In the late 1990s, the number of U.S. medical graduates choosing to enter family medicine residencies fell by almost 50 percent. The decline was attributed to disparities in annual incomes and medical education debt. In 2018, 9 percent of U.S. medical school graduates chose family medicine. Although more work remains, the number of medical students matching into family medicine residencies climbed for the ninth straight year. Over half of the 3,500 family medicine positions were filled by U.S. medical graduates.

FINANCIAL CONCERNS

The median income of a family physician is lower than that for many other specialties. It is:
- 54 percent of that of a dermatologist.
- 52 percent of that of a urologist.
- 57 percent of that of an anesthesiologist.
- 51 percent of that of a cardiologist.
- 53 percent of that of a radiologist.
- 43 percent of that of an orthopedic surgeon.

The average debt for University of Colorado medical school graduates is $200,000.

The CAFP acknowledges the contribution of Buffy Gilfoil for her previous research on the 60th anniversary history. Special thanks to the CAFP Editor, Monica Morris, DO, chair of the board, and to CAFP board members Rachel Carpenter, MD, Lindsey Romero, MD, and Karin Susskind, MD, for their excellent editing on this document. Thank you Kent Voorhees, MD, Brian Bacak, MD, Larry Green, MD, Jeff Cain, MD, Dave West, MD, and Ken Olds, MD, for your historical perspectives and contributions to the history document. And thank you to Lynlee Espeseth, CAFP Deputy CEO for Communications and Philanthropy, to Ryan Biehle, CAFP Deputy CEO for Policy and External Affairs, and to Erin Watwood, Director of Education, Events, and Meetings for your contributions.
In 1987, Ken Olds, MD, then president of the Colorado Academy of Family Physicians, hired Raquel J. Alexander as executive director of the organization. She was interviewed by three past presidents: Glenn Cosh, DO, Rich Patt, MD, and Marty Kiernan, MD.

“I started out in a rented room in our lobbyist’s office. We now own two office condominiums, mortgages paid in full,” Raquel stated. “The specialty of Family Medicine has become more sophisticated with medical health records, disease registries, 24/7 access, and team-based collaborative care which improves the quality of care in partnership with patients.

“These are truly exciting times, especially with our Primary Care Investment Initiative,” she added.

During her tenure, the CAFP has grown from 800 to more than 2,500 members and the budget has multiplied from $100,000 to $800,000.

Raquel’s son, was one year old when she started. “The words he heard most often during the past 31 years, besides ‘I love you’ have been ‘I have a meeting and I have a conference call,’” she said.

Two factors kept her motivated through the years. First was the CAFP philosophy “to do what is best for patients, primarily by making Family Medicine strong.” And second was “working with amazing Family Physician leaders.”

She also has been encouraged by “the exciting development that finally the health care world, employers, payers, and legislators are recognizing the value of Family Medicine Physicians.”

She added a word of advice: “I urge you to grab this opportunity. Implement the systems in your practices to improve quality of care.”

Raquel holds two degrees, one from the University of Denver, a bachelor’s in Psychology and Education, and the second from the University of Colorado Denver, a master’s in Counseling Psychology. She is a Certified Association Executive and was licensed to teach in Colorado.

“My mission in life has been to help people,” she says. “That is why I originally went into teaching and then into counseling. I wanted to make a larger impact on society so I decided to get into the business world.”

She came to the CAFP after working for four years for a malpractice consulting company, on the physicians’ side, which later became the risk management department of COPIC. Through that work she was able to meet physicians of all specialties around Colorado and she developed an appreciation for how much they worked to help their patients.

“Thank you for the opportunity to fill my life with passion and purpose for Family Medicine. It is a blessing to be able to serve you.”
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1950-1951  Paul Hildebrand, MD   Brush
1951-1952  Homer Catron, MD   Englewood
1952-1953  Lawrence Buchanan, MD   Wray
1953-1954  Kenneth Beebe, MD   Sterling
1954-1955  M.G. VanDer Schouw, MD   Fort Collins
1955-1956  Kenneth Prescott, MD   Grand Junction
1956-1957  Joseph McCloskey, MD   Denver
1957-1958  Robert Maul, MD   Denver
1958-1959  Valentine Wohlauer, MD   Brush
1959-1960  Neil Chisholm, MD   Denver
1960-1961  Dale Hathaway, MD   Lakewood
1961-1962  Roland Zarlengo, M.D.   Denver
1962-1963  Grant Hurley, MD   Pueblo
1963-1964  Howard Bronson, MD   Denver
1964-1965  Jim Price, MD   Brush
1965-1966  Charles Pennington, MD   Colorado Springs
1966-1967  Jack Paap, MD   Co. Springs
1967-1968  Donald Allely, MD   Greeley

1968-1969  John Simon, Jr., MD   Englewood
1969-1970  Charles Basye, MD   Fort Collins
1970-1971  William DeAlva, MD   Denver
1971-1972  Pat Thompson, MD   Fort Morgan
1972-1973  Howard Wolf, MD   Lafayette
1973-1974  Daniel Benedict, MD   Denver
1974-1975  William Prescott, MD   Grand Junction
1975-1976  David Bagley, MD   Eaton
1976-1977  Ron Spangler, MD   Denver
1977-1978  Karl Buretz, MD   Colorado Springs
1978-1979  Howard Netz, MD   Lakewood
1979-1980  John Van Buskirk, MD   Englewood
1980-1981  Rudolph Deluise, MD   Golden
1981-1982  Carl Flaxer, MD   Denver
1982-1983  Peter Iagmin, MD   Montrose
1983-1984  Steve Thorson, MD   Ft. Collins
1984-1985  Martin Kiernan, MD   Denver
1985-1986  Richard Patt, MD   Aurora
1986-1987  Glenn Cosh, DO   Lakewood
1987-1988  Kenneth Olds, MD   Greeley
1988-1989  David West, MD   Grand Junction
1989-1990  Tony Makowski, MD   Highlands Ranch
1990-1991  Gary Knaus, MD   Carbondale
1991-1992  John Tarr, MD   Gunnison
1992-1993  Joe Murphy, MD   Durango
1993-1994  Nancy Ashbach, MD   Loveland
1994-1995  Dick Nicholas, MD   Denver
1995-1996  Arlis Adolf, MD   Denver
1996-1997  Dave Price, MD   Broomfield
1997-1998  Peter Monheit, MD   Denver
1998-1999  Colleen Conry, MD   Denver
1999-2000  Jeff Cain, MD   Littleton
2000-2001  Virgilio Licona, MD   Ft. Collins
2001-2002  Austin Bailey, MD   Denver
2002-2003  Ned Calonge, MD   Denver
2003-2004  John Lavengood, MD   Durango
2004-2005  Kern Low, MD   Pueblo
2005-2006  Donna Sullivan, MD   Ft. Collins
2006-2007  Larry Kipe, MD   Craig
2007-2008  Kent Voorhees, MD   Littleton
2008-2009  John Bender, MD   Ft. Collins
2009-2010  Brian Bacak, MD   Highlands Ranch
2010-2011  Luke Casias, MD   Hesperus
2011-2012  Kaja Harris, MD   Pueblo
2012-2013  Robert Brockmann, MD   Englewood
2013-2014  Rick Budensiek, DO   Greeley
2014-2015  Candace Murbach, DO   Pueblo
2015-2016  Glenn Madrid, MD   Grand Junction
2016-2017  Tama Osbourne-Roberts, MD   Denver
2017-2018  Monica Morris, DO   Denver
2018-2019  Zach Wachtel, MD   Denver
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Cyrus W. Anderson,* Denver, Colorado

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James M. Perkins,* Denver, Colorado

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Roger Neil Chisholm,* Denver, Colorado

Vice Speaker, Congress of Delegates James G. Price,*
Brush, Colorado

Speaker, Congress of Delegates James G. Price,* Brush, Colorado

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President–elect James G. Price,* Brush, Colorado

1973 – 1974
President James G. Price,* Brush, Colorado

1974 – 1975
James G. Price,* Immediate Past President, Brush, Colorado

1977 – 1980
Charles E. Basye,* Fort Collins, Colorado

Vice President Charles E. Basye,* Fort Collins, Colorado

1996 – 1997
David Hutcheson-Tipton, Student Member, Denver, Colorado

The AAFP Bylaws were amended in 1996 to provide that the Immediate Past President would serve as Board Chair. The Bylaws also were amended to eliminate the position of Treasurer.

1997 – 1999
David M. West, Grand Junction, Colorado

2000 – 2003
Nancy Wilson Ashbach,* Loveland, Colorado

2004 – 2007
Virgilio Licona,* Brighton, Colorado

2008 – 2011
Jeffrey J. Cain, Aurora, Colorado

2011 – 2012
President–elect Jeffrey J. Cain, Aurora, Colorado

2012 – 2013
President Jeffrey J. Cain, Aurora, Colorado

2013 – 2014
Board Chair/Immediate Past President Jeffrey J. Cain,
Denver, Colorado

2015 – 2018
John Bender, Fort Collins, Colorado

*Deceased

COLORADO (11 persons, 40 years)

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- Post-Master’s Certificate in AGACNP* or FNP**
- Nursing DNP Degree: Post-Master's*
- Nursing Education PhD Degree*

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<table>
<thead>
<tr>
<th>Year</th>
<th>Physician of the Year</th>
<th>Resident of the Year</th>
<th>Teacher of the Year</th>
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<tr>
<td>1981</td>
<td>Thomas A. Richards, MD</td>
<td>S. Colorado</td>
<td>R. Neil Chisolm, MD</td>
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<td>1982</td>
<td>Paul Salmen, MD</td>
<td>St. Joseph</td>
<td>Edward Bender, MD</td>
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<td>1983</td>
<td>Joseph M. Murphy, MD</td>
<td>Mercy</td>
<td>David Williams, MD</td>
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<td>1984</td>
<td>Stanley J. Malner, MD</td>
<td>AF Williams</td>
<td>Aris Sophocles, Jr, MD</td>
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<td>1985</td>
<td>Richard Wheeler, MD</td>
<td>Mercy</td>
<td>Edward Bender, MD</td>
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<td>1986</td>
<td>Erica Elliott, MD</td>
<td>Mercy</td>
<td>Richard Nicholas, MD</td>
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<td>1987</td>
<td>Mary Ruth Salazar-Tier, MD</td>
<td>St. Joseph</td>
<td>Jim Ley, MD</td>
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<td>1988</td>
<td>Mark Alping, MD</td>
<td>Parke Davis Teacher Development Award</td>
<td>John Tarr, MD</td>
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<td>1989</td>
<td>John Simon, MD</td>
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<td>David Nowles, MD</td>
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<td>1990</td>
<td>Andre Huffmire, MD</td>
<td>Mead Johnson Award for Graduate Medical Education in Family Medicine</td>
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<td>1991</td>
<td>David West, MD</td>
<td>Patricia Ammon, MD</td>
<td>Penelope Thon-Web, MD</td>
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<td>1992</td>
<td>Robert N. Williams, MD</td>
<td>Grand Junction</td>
<td>Christopher Shearer, MD</td>
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<td>1993</td>
<td>Phillip J. Mohler, MD</td>
<td>Sherry Whisenant, MD</td>
<td>Richard Patt, MD</td>
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<td>1994</td>
<td>Mark Olson, MD</td>
<td>Daniel Smith, DO</td>
<td>Sherman Straw, MD</td>
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<td>Kent Petrie, MD</td>
<td>Warren Thompson, MD</td>
<td>Wilson Pace, MD</td>
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<td>Michael Victoroff, MD</td>
<td>Frederick Grover, MD</td>
<td>University</td>
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<td>1997</td>
<td>Dean Branson, DO</td>
<td>Elizabeth Winfield, MD</td>
<td>Frank Reed, MD</td>
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<td>50 Superheros</td>
<td>Swedish</td>
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<td>M. Lee Schmucker, MD</td>
<td>Todd Wampler, MD</td>
<td>Mark Deutchman, MD</td>
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<td>2000</td>
<td>Mark Sindler, MD</td>
<td>Ft. Collins</td>
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<td>John Ford, MD</td>
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<td>Thomas Kail, MD</td>
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<td>2003</td>
<td>Jerome Smith, MD</td>
<td>Jon Zonca, MD</td>
<td>Richard Drexelius, MD</td>
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<td>2004</td>
<td>Scott Rollins, MD</td>
<td>Darcy Scheeler, MD</td>
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<td>Marnie Eulberg, MD</td>
<td>Graham Chelius, MD</td>
<td>Mark Cucuzella, MD</td>
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<td>2006</td>
<td>Martin Pirnat, MD</td>
<td>Reed Sather, MD</td>
<td>University</td>
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<td>2007</td>
<td>Mike Prameniko, MD</td>
<td>Laura Makaroff, DO</td>
<td>Andre Huffmire, MD</td>
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<td>2008</td>
<td>Robert McCurry, DO</td>
<td>Reeves Bowler, MD</td>
<td>William Wignall, MD</td>
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<td>Kim Bentrott, MD</td>
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<td>St. Anthony</td>
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2009  Caroline Reilly, MD  
2010  Kent Voorhees, MD, Westminster  
2011  Scott Hammond, MD  
2012  Kern Low, MD  
2013  Paul Fonken, MD Estes Park  
2014  John Bender, MD Ft. Collins  
2015  Elias Hernandez, MD Ft. Morgan  
2016  Mary Fairbanks, MD Denver  
2017  Steve Lavengood, MD Durango  
2018  Gary Knaus, MD Carbondale  
Sameerah al-Bata’a-de-Montero, MD University of Colorado Hospital  
Zach Wachtli, MD RFMR  
Toby Long, MD St. Mary’s Grand Junction  
Sarah DeMoor, MD, Greeley, and Lisa Young, DO, Greeley  
Patrick Smith, MD Swedish  
Gina Martin, MD Grand Junction  
Kari Mader, MD University of Colorado  
Michael Matergia, MD St. Joseph  
Jeff Cook, MD Greeley  
Cleveland Piggott, MD University of Colorado, Denver  
Barbara Kelly, MD  
AF Williams  
Dan Fahrenholz, MD, MBA Greeley  
Brian Bacak, MD Rose  
Katherine Miller, MD University  
Candace Murbach, DO Pueblo  
Corey Lyon, MD Denver  
Leah Cooper, MD Swedish  
Kurt Dallow, MD Greeley  
Brenda Campos-Spitze, MD Greeley  
John Miller, MD St. Anthony North, Denver  

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2010 Westminster Family Medicine  
2011 Miramont Family Medicine  
2012 Primary Care Partners  
2013 New West Physicians  
2014 AF Williams Family Medicine  
2015 University of Family Medicine of Westminster/Boulder  
2016 University of Colorado Primary Care Clinic at Lone Tree  
2017 Rocky Kohsla – Concussion Consultants at Centura  
2018 Roaring Fork Family Practice
CAFP Vision Statement

Thriving Family Physicians creating a healthier Colorado.

CAFP Mission Statement

The CAFP’s mission is to serve as the bold champion for Colorado’s family physicians, patients, and communities through education and advocacy.

CAFP Strategic Goals

GOAL 1: ADVOCACY - Shape health care policy through interactions with government, the public, business, and the healthcare industry.

GOAL 2: EDUCATION & PRACTICE ENHANCEMENT - Promote high-quality, innovative education for physicians, residents, and medical students that encompasses the art, science, evidence and socioeconomics of family medicine; enhance members’ abilities to fulfill their practice and career goals.

GOAL 3: HEALTH OF THE PHYSICIAN & PUBLIC – Continue in a leadership role in health promotion, disease prevention, and chronic disease management.

Learn more at autismspeaks.org/signs

Some signs to look for:

No big smiles or other joyful expressions by 6 months | No babbling by 12 months | No words by 16 months

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Brian Bacak, MD, Trustee  
Rick Budensiek, DO, Trustee  
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Glenn Madrid, MD, for Trustee  
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Tamaan Osbourne-Roberts, MD, Trustee  
Cleveland Piggott, MD, Nominee for Trustee

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COPIC’s 3Rs Program helps providers deal with unexpected outcomes by focusing on preserving the physician-patient relationship while addressing patients’ needs. Just one more way COPIC keeps you covered. From front to back.

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