College of Medicine Phoenix

Arizona Primary Care Physician Workforce Summit Report

MEETING DATES: 1/14/2025 TO 1/15/2025

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Executive Summary

The Arizona Primary Care Physician Workforce Summit held January 14 to 15, 2025 brought together educational leaders, health care organizations and policymakers to address Arizona's urgent and growing shortage of primary care physicians (PCPs).

Arizona faces a projected deficit of more than 1,900 full-time equivalent (FTE) PCPs by 2035, driven by rapid population growth, an aging PCP workforce and uneven rural-urban primary care physician distribution (1).

Summit stakeholders used the *Play to Win* strategic planning model to identify, prioritize and recommend coordinated interventions to expand training capacity, develop rural and early pathway programs, improve retention, advocate for long-term funding and create a collaborative, sustainable infrastructure.

Thematic needs identified spanned bolstering student interest in primary care to scaling rural rotations, resulting in eight core areas of need with recommended next steps. Summit evaluation showed enthusiasm for ongoing collaboration and consensus that Arizona needs a unified statewide approach to tracking, strengthening and expanding the primary care workforce and aligning

incentives to attract and retain primary care physicians who practice in high-need rural, Tribal, border and urban underserved communities.

The recommendations build on previous efforts supported by the HRSA Primary Care Training Enhancement grant and the Halle Foundation rural primary care workforce initiative, incorporating community-informed strategies and multi-sector input. The momentum generated from this Summit provides a foundation for bold, systemic actions to support primary care as the backbone of a healthier Arizona.

Introduction

Arizona faces critical and worsening shortages of primary care physicians. According to the Health Resources and Services Administration (HRSA), over 3 million Arizonans reside in Primary Care Health Professional Shortage Areas (HPSAs). Arizona would need 605 additional FTE physicians to remove these HPSA designations entirely (1).

The Association of American Medical Colleges (AAMC) 2023 State Physician Workforce Data Report ranks Arizona among the bottom five states in active primary care physicians (PCPs) per capita at 71.3 PCPs per 100,000 population (U.S. median is 88.5) (2).

The gap will widen due to Arizona's rapid population growth, high rates of physician retirement, limited in-state medical and osteopathic school (undergraduate medical education or UME) capacity and residency slots (graduate medical education or GME).

The Arizona Center for Rural Health estimates that 14 of Arizona's 15 counties qualify as partial or complete primary care shortage areas, with the most severe shortages occurring in rural, border and Tribal regions (3). Without strategic intervention, Arizona may face a deficit of more than 1,900 FTE primary care physicians by 2035 (3).

A statewide Primary Care Physician Workforce Summit held January 14 to 15, 2025 convened leaders in academic medicine, health systems, policy organizations and other community partners (see Appendix A). The Family Medicine and Primary Care Academic Council (see Appendix B) comprised of primary care medical education leaders in Arizona generated the idea of having the Summit. The primary care physician training process (UME + GME) takes six or more years, involves multiple stakeholders, has key influence points and requires significant resources. An effort to enhance and improve the output and distribution of primary care physician graduates requires collaboration and more thoughtful resource allocation.

University of Arizona College of Medicine – Phoenix primary care leaders in collaboration with the Academic Council facilitated the Summit. The HRSA Primary Care Training Enhancement grant and the Halle Foundation rural primary care expansion initiative funded the Summit. Over 90 attendees actively participated in discussions and heard from experts and American Academy of Family Physicians Residency Program Solutions consultants.

Using the "*Play to Win*" strategic planning framework (4), participants collaborated to define aspirations, identify leverage points and propose actionable solutions. Breakout groups included those actively training students and residents, those interested in training and those involved in primary care physician policy, advocacy and health care leaders.

This report synthesizes key findings, outlines eight core areas of needed work, proposes next steps for implementation, and provides a foundation for continued collaboration and investment. It is a guide for stakeholders across Arizona working to ensure a stable, well-trained and distributed community-aligned primary care physician workforce.

Breakout Group Insights and Themes

The Primary Care Physician Workforce Summit had structured breakout discussions that applied the "*Play to Win*" strategic planning framework (4). The model encourages organizations to focus on clearly defined aspirations, identify competitive positioning ("where to play") and determine strategic choices ("how to win") supported by necessary capabilities, systems and collaboration mechanisms. Discussions spanned key focus areas: education pathways, policy advocacy, leadership development and data-driven evaluation (See Appendix C).

1. **Strengthening Training Pathways:**
   - Expand early exposure and longitudinal training (K-12, pre-med, UME, GME).
   - Increase rural and community-based experiences, including LIC and accelerated 3+3 programs.
   - Encourage Arizona-based retention through seamless undergraduate-to-practice pathways.
2. **Policy Advocacy and Funding:**
   - Secure long-term state funding for primary care (e.g., AHCCCS GME match).
   - Advocate for tax credits, loan repayment and housing stipends for medical education preceptors.
   - Build bipartisan support for rural workforce needs.
3. **Building Collaborative Infrastructure:**
   - Establish a statewide coalition for consistent curriculum, data sharing and mentorship.
   - Strengthen alignment between UME, GME and state agencies.
4. **Data and Outcomes Tracking:**
   - Develop statewide dashboards tracking pipeline metrics, residency match data, physician retention and medical practice location.
   - Use storytelling and visual data to inform policy and community engagement.
   - Help stakeholders understand the complex processes involved.
5. **Faculty Development and Mentorship:**
   - Invest in educator training, structured mentorship models and faculty support systems.
   - Create an "Academy of Primary Care Mentors" to support career interest and readiness.

Areas of Needed Work

Priority Area	Summary of Need	Next Steps
Student Interest in Primary Care	Low and inconsistent interest among AZ medical students	• Expand early exposure (scribe, shadow, K–12 pathways). • Launch mentor academy & structured pre-med advising. • Admit students from AZ with a high likelihood of choosing primary care and rural locations into AZ medical schools via special primary care admissions committees/tracks.

Primary Care Career Attractiveness	Economic disparities and poor perception of career viability	• Advocate for and market loan repayment, tax credits, stipends and scholarships. • Promote lifestyle/value messaging in outreach. • Advocate for competitive salary and practice conditions for primary care physicians.
Residency Expansion	Not enough in-state training slots, especially rural	• Secure state GME funding for primary care including rural and community-based programs. • Increase UME recruitment to ensure existing and new GME slots fill in the match. • Support new sponsoring institution development and site readiness.
Rural Pipeline Growth	Geographic gaps and limited rural rotation access	• Develop immersive rural training programs. • Use incentives and branding to increase rural appeal.
UME-GME Integration	Pipeline is fragmented across education levels	• Create statewide longitudinal clerkships for students and three+three pathways (three-year UME + three-year GME training in same location). • Align UME-GME curriculum and mentorship plans Primary Care admissions.
Coordinated Advocacy	Disconnected efforts across institutions	• Form policy task force with annual shared priorities. • Use bipartisan framing and rural focus, focusing on outcomes needed. • Engage health systems, payers and the community in funding solutions.
Workforce Data & Evaluation	Incomplete, outdated or siloed data	• Build a centralized, statewide dashboard (e.g., URL access to outputs with Tableau). • Track match rates, retention, workforce demographics.

		• Perform economic evaluation to understand drivers for outcomes.
Sustained Collaboration	Risk of momentum loss post-summit, stakeholder with various siloed agendas	• Establish recurring statewide summits. • Launch virtual collaboration platform & shared calendar.

Conclusions

The Primary Care Physician Workforce Summit provided critical insights into Arizona's current and future primary care workforce challenges and catalyzed momentum for coordinated, statewide actions. Through structured discussions, participants developed a shared understanding of the urgent need to expand training pathways, advocate for sustainable policy changes and build leadership capacity within the primary care sector. There were clear alignments around key strategies including early exposure programs, expanded residency GME slots, faculty and site support and improved data tracking to strengthen the pathway, education, graduation and retention of primary care physicians who practice in Arizona.

The meeting was well attended, underscoring the importance of this topic across multiple stakeholders. Attendees overwhelmingly supported having follow-up meetings and developing a state-supported collaborative infrastructure (see Appendix D). With unified leadership, community-driven innovation and a commitment to equity and sustainability, Arizona can be a national model for primary care workforce development.

Emerging Themes and Questions for Further Consideration

Attendees raised broad reflections and forward-looking questions that warrant further exploration:

1. Is This Even a Problem? Most summit attendees strongly believe Arizona faces a pressing primary care physician shortage, which motivated their active participation. Some propose solutions to increase the supply of nurse practitioners (NPs), physician assistants (PAs) and other advanced practice providers (APPs) to help address primary care physician shortages.

Other questions such as: How can APP approaches to address unmet primary care needs be integrated into training and distribution strategies? How should physicians be trained in community-based, interprofessional teams? How can physician preceptors, students and residents collaborate to train APPs and retain them in primary care practices in high need areas? How can these graduates be incentivized and prepared to practice in rural, Tribal and border communities?

Future work is needed to explore how to prepare primary care physicians for precepting students (UME), resident (GME) trainees and APPs across health professions, using collaboration strategies, leading multidisciplinary care models, studying effective scope-of-practice models, ensuring high-quality APP training and mentoring, and assuring practice satisfaction across all roles.

2. Will artificial intelligence (AI), digital technologies and telehealth replace or reduce the need for primary care and specialty physicians? The role of AI in mitigating the primary care shortage is closely tied to the advanced practice provider strategies. Summit attendees discussed provocative questions: Could patients soon fulfill much of their primary care needs through AI-powered tools like kiosks, chatbots and home-based monitoring devices?

Will we need fewer primary care physicians and APPs? Will AI, digital and telehealth solutions work? Some envision scenarios where the physician and other health provider roles diminish or disappear altogether.

While many attendees expressed excitement about technological advancements, they emphasized the importance of having a skilled physician workforce to lead, integrate and oversee innovations to ensure safe, effective health care for our communities. To best serve Arizona communities as technologies emerge, the state should help finance training enough primary care physicians equipped to lead efficient, tech-enabled, team-based care. Ongoing dialogue and planning are needed to understand how AI and new care delivery and payment models will address unmet health needs. The uncertainty may discourage medical students from entering primary care.

3. Workforce Numbers Don't Tell the Whole Story — Especially in Rural Health. Attendees emphasized that provider FTE counts do not capture the complexity of delivering care in rural, Tribal, border and urban underserved communities. For example, a town served by a critical access hospital two hours from the nearest urban, tertiary care hospital may not provide certain services such as labor and delivery, surgery and others.

In high-functioning models, providers work in teams to deliver a broad range of services locally based on community need and demand, with appropriate triage, coordination, transfer and follow-up. Areas without sufficient health providers and staff can lead to worse health outcomes, frequent referrals, long patient travel, expensive transport by fixed wing or helicopter and other challenges that undermine access to health services and continuity of care. These scenarios highlight the need for well-trained and distributed primary care physicians with broad skills needed for rural practice.

4. Won't the Economy Sort This Out? The health care economy is shaped by complex policies, payers, provider and patient needs. Summit attendees voiced skepticism that market dynamics will drive solutions in rural, Tribal, border and underserved communities.

The University of Arizona College of Medicine – Phoenix is tracking health workforce data and assessing factors influencing specialty choices — medical school admissions policies, accelerated UME to GME models, primary care scholarship programs, mentorship, primary care work environment perceptions and compensation. The evaluation team includes a health economist.

Next Steps

Summit attendees proposed to continue collaboration as a new Primary Care Physician Workforce Group (PCPWG) with the existing Academic Council. The PCPWG includes Summit attendees, engaged community-based organizations, statewide associations, health system leaders and medical groups.

The PCPWG will build on the Academic Council's foundational work and operate as a project-based group aligned around the Summit's strategic priorities. Rather than issuing a prescriptive list of objectives, the group will use the strategic project map developed from the summit themes to guide its work. The project map will be a flexible framework to organize initiatives across workforce development, training pipeline coordination, rural health workforce, data tracking and sustainable funding models.

The PCPWG will hold regular meetings, with a follow-up statewide summit in September 2025 to refine goals on the project map, evaluate progress and plan next steps.

This collaborative effort will require continued engagement from Academic Council members, primary care residency program directors, statewide organizations, Area Health Education Centers, Arizona Academy of Family Physicians and health system leaders. Federal and foundation funding are currently supporting this work. Long-term success will depend on building durable structures, cross-sector alignment and diversified financial support.

PCPWG is open to all stakeholders who share an interest in advancing primary care workforce development in Arizona. We welcome all committed to shaping an equitable, efficient and forward-looking health care system.

These coordinated approaches — anchored by the Academic Council and expanded through the PCPWG — reflect the commitment to promoting access to high-quality, affordable, evidence-based primary care services throughout Arizona. These groups can advance innovations in education, practice, technology and systems design and align with the University of Arizona land-grant mission and commitment to primary care foundational relationships and values.

As the primary care value proposition becomes more clearly defined and aligned with measurable outcomes, it should drive the policies, funding and changes needed to secure Arizona's robust and sustainable primary care future.

References

1. Health Resources and Services Administration. (2024). *HPSA designation by state*. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area
2. Association of American Medical Colleges. (2023). *2023 state physician workforce data report*. https://www.aamc.org/data-reports
3. Arizona Center for Rural Health. (2023). *Primary care workforce in Arizona*. University of Arizona Mel & Enid Zuckerman College of Public Health. https://crh.arizona.edu/sites/default/files/2023-05/230531_PCHPSA_Brief.pdf
4. Lafley, A. G., & Martin, R. L. (2013). *Playing to win: How strategy really works*. Harvard Business Review Press.

Appendix A: Attendee Listed Organizations

American Academy of Family Physicians, consulting
American Indian Health – AHEC
Arizona Alliance for Community Health Centers
Arizona Board of Regents
Arizona Hospital and Healthcare Association
Arizona State University
ASU School of Medicine and Advanced Medical Engineering
Banner Health
BCBSAZ Health Choice
Central Arizona AHEC (CAAHEC)
Center for Excellence in Rural Education (CERE)
Cobre Valley Regional Medical Center
Copper Mountain Clinic, Safford, Arizona
Creighton School of Medicine – Phoenix
Diane and Bruce Halle Foundation
Dignity Health Medical Group, AZ/Common Spirit Health

El Rio Health, CHC
El Rio Family Medicine Residency
Fitz Ilias Health and Technology
Gila River Health Care
Mariposa CHC
Midwestern University
Mount Graham Regional Medical Center
Native American Community Health Center, Inc.
Navajo Health Foundation
Neighborhood Outreach Access to Health, CHC
North Country HealthCare
North Country/Colorado Plateau Family Medicine Residency
Northern Arizona University
Ponderosa Family Care
Regional Center for Border Health, Inc.
Sage Memorial Hospital
Sun Life Health, CHC
University of Arizona College of Medicine – Phoenix
University of Arizona College of Medicine – Phoenix Family Medicine Program
University of Arizona College of Medicine – Tucson Family Medicine Program
Valleywise Healthcare
Washington State University, consulting
Wesley Community Health Center

Appendix B: Academic Council

The Academic Council is a statewide group of academic Family Medicine and primary care education leaders committed to strengthening Arizona's primary care workforce. The group meets monthly and serves as a key collaboration unit.

The Academic Council hosted three statewide Academic Innovation Conferences over the last three years and was instrumental in conceiving and organizing the Primary Care Physician Workforce Summit. The council serves as a coordinating body guiding strategies around the future of primary care education including the integration of emerging technology, team-based care, leadership development and population health. The council champions rural health priorities, ensuring that future training models address the unique needs of underserved Arizona communities.

Academic Council Charter:

1. **Mission and Vision**:
   The purpose of the Academic Council is to foster collaboration among academic Family Medicine (and primary care) leaders in Arizona. Through enhanced collaboration, we will strengthen and support the primary care workforce across the state. The Council will collaborate to address Arizona needs to: assure an adequate primary care physician workforce, use an innovative primary care curriculum, advocate and inform policies at local and national levels and conduct primary care relevant research.

2. **Values and Guiding Principles**:
    - Core Values: collaboration, innovation, equity and excellence.
    - We are committed to advancing family medicine and primary care within the state of Arizona. Our activities will impact the quintuple aim: patient experience, population health, cost of care, joy of practice and health equity.
3. **Scope and Responsibilities**: The council will focus on the following areas:
    - Primary Care workforce development
    - Curriculum development and enhancement
    - Faculty development and mentorship
    - Leadership development opportunities
    - Research collaboration
    - Advocacy for family medicine
    - Community engagement

Council members include leaders of academic Family Medicine and primary care across the state, specifically:

- Organizations with undergraduate or graduate medical education programs will be included.
- A department chair or appropriate alternative physician leader (as determined by the organization) will serve as a member of the council.
- Council project and subgroup leads will be invited to attend.

4. **Collaboration and Inclusivity**:
    - The Academic Council prioritizes **collaboration** among academic family medicine stakeholders, including medical schools, residency programs, community health centers and policymakers. Work of the council is in support of these collaborations, including the development of meetings and conferences, collaborative groups and networks, data collection and reporting, targeted advocacy and engagement of key stakeholders.
    - The Academic Council prioritizes inclusivity by encouraging diverse perspectives and voices.
5. **Strategic Goals and Objectives**: The council will work to:
    - Maintain a collaborative Academic Council of chairs and directors, meeting six times per year and include representative academic Family Medicine and primary care leaders across the state.
    - Develop subgroups of the council to include, at a minimum, a residency director council and research group with regular meetings.
    - Host a collaborative annual family medicine academic excellence conference.
    - Engage Arizona Academy of Family Physicians and AzAHEC in co-planning meetings and events.
    - Develop and approve a charter to include governance components: director/coordinator, meeting chair. Take and disseminate meeting minutes.
    - Develop a system of relevant data gathering/accessing and reporting on academic family medicine and primary care outcomes in the state to include number of students trained, students entering family medicine residency, number of UME graduates staying in-state for residency and post-residency into practice, entering fellowships or academics, rural vs urban vs underserved, and five-year retention.
    - Generate an annual report for academic Family Medicine and primary care for the state, publicly posted on a website.
6. **Measurable Outcomes**:

- Measures of success: increase in meaningful and organized collaborative activities; increase connections across residency education programs; support academic Family Medicine programs across Arizona; use data and analysis to inform state, federal and institutional primary care policy deliberations; engage in primary care advocacy efforts; collect data, analyze and report primary care outcome metrics.
- Increase the number of family physicians and other primary care physicians practicing in Arizona across urban, rural, Tribal and border communities.

Appendix C: Breakout Group Insights – Play to Win Framework

This appendix contains detailed summaries from the Primary Care Physician Workforce Summit breakout groups, using the "*Play to Win*" strategic planning framework to identify aspirations, strategies and action areas for workforce development in Arizona.

Breakout Group 1: Current Training Programs

Winning Aspiration

- Increase the ratio of primary care providers per patient in Arizona.
- Create a representative physician workforce that reflects community needs.

Where to Play

- Expand clinical training in underserved rural and urban communities.
- Enhance early exposure initiatives (K-12, pre-med URM support).
- Implement Longitudinal Integrated Clerkships (LICs).
- Build a statewide regional collaboration network.

How to Win

- Strengthen partnerships with health centers and residency programs.
- Create seamless UME-to-GME-to-practice pathways, including accelerated three-year programs.
- Implement longitudinal mentorship models.

Capabilities Needed

- Increased and sustained funding (housing, preceptor payments, site support).
- Faculty development and advocacy training.
- Accurate and updated workforce data collection.

Management Systems

- Track outcomes: demographics, match data, retention and graduate locations.
- Incorporate student feedback loops to refine programs.

Collaboration

- Form a statewide coalition to align training objectives.
- Develop shared curricula across residency sites.
- Establish a centralized funding governance structure.

Breakout Group 2A: Developing Training Pathways

Winning Aspiration

- Establish structured pathways from undergrad to practice.
- Recruit and retain primary care graduates in Arizona.

Where to Play

- Expand pre-med pipeline and scribe programs.

- Promote LICs and immersive community-based training.
- Engage program directors and faculty champions.

How to Win
- Develop financial incentives (loan forgiveness, scholarships).
- Infuse health equity and value-based care into all levels of training.
- Create statewide partnerships and data sharing.

Capabilities Needed
- GME space, housing, administrative and faculty support.
- Broad leadership and stakeholder buy-in.

Management Systems
- Track effectiveness and retention of trainees.
- Create evaluation metrics and statewide data repositories (e.g., CACTUS WREN).

Collaboration
- Convene regular cross-institutional meetings.
- Share curriculum and rotation resources.
- Advocate jointly with state agencies.

Breakout Group 2B: Developing Training Pathways

Winning Aspiration
- Build long-term financial and political support for primary care.
- Develop clinician-leaders in advocacy and administration.
- Adopt community-responsive training models.

Where to Play
- Engage legislators on stable training program funding.
- Expand grassroots policy advocacy.
- Identify and support new Sponsoring Institutions (SIs).

How to Win
- Train in areas of greatest need.
- Share curriculum, funding strategies and faculty expertise.
- Empower trainees in policy leadership using data storytelling.

Capabilities Needed
- Policy advisors, engaged preceptors and program managers.
- Financial tools: loan repayment, faculty stipends, flexible incentive models.

Management Systems
- Baseline data collection and tracking tools.
- Develop statewide roadmaps for GME and advocacy infrastructure.

Collaboration
- Mentorship across institutions.
- Post-summit follow-up and stakeholder engagement via PCA or CACTUS WREN.

Breakout Group 3: Policy Advocacy and Leadership

Winning Aspiration
- Establish a statewide Academy of Primary Care Mentors.
- Secure permanent state funding for AHCCCS GME and preceptor tax credits.
- Create a bipartisan advocacy collaborative.

Where to Play
- Target rural and underserved district legislators.
- Promote diverse faculty and pathway mentorship (esp. rural/Tribal).
- Host public-facing community engagement events.

Capabilities Needed
- Administrative and scribing support for teaching physicians.
- Strong messaging and legislative champions.
- Robust early exposure programs in quality primary care environments.

Management Systems
- Monitor program outcomes, survey satisfaction and workforce trends.
- Evaluate the impact of tax incentives and collaborative efforts.

Collaboration
- Secure funding for a sustained, statewide mentorship collaborative.
- Develop formal inter-institutional agreements.
- Align mentorship models across UME and GME phases.

Appendix D: Summit Evaluation & Feedback

Participant Survey Themes

The summit had 82 RSVPs, and 88 attendees, representing 39 organizations.

Formal surveys completed: N=23 (26%) total respondents.

Summit Content Relevance (N = 23): 4.45/5 (average).

Most valuable topics: Networking, workforce data analysis and policy discussions.

Suggested additions: Greater focus on UME development, training site financing and accreditation.

Motivation to attend: Desire to grow primary care, professional alignment and interest in workforce planning.

Missing stakeholders: Health finance leaders, university administrators and policymakers.

Recommendations for future: More structured breakout sessions, earlier scheduling notice and regional mini-summits — especially in rural areas. Continue this work.